"A STUDY TO ASSESS THE EFFECTIVENESS OF STRUCTURED TEACHING PROGRAMME REGARDING KNOWLEDGE ON EXCLUSIVE BREAST FEEDING AMONG PRIMI MOTHERS ATTENDING OUTPATIENTDEPARTMENT IN SUDHA HOSPITAL, AT ERODE"

By

Register No: 30111133

Dissertation Submitted to

THE TAMILNADU DR. M.G.RMEDICALUNIVERSITY Chennai, Tamilnadu.

In partial fulfillment

Of the requirements for the degree of

Master of Science

In

Obstetric and Gynecological Nursing

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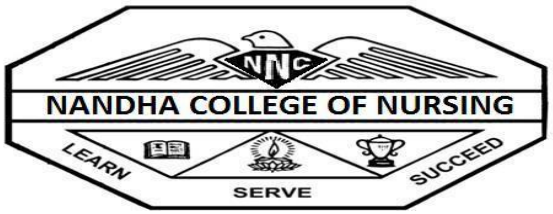
M.Sc. NURSING (2011-2013)



NANDHA COLLEGE OF NURSING ERODE-638052

AFFILIATED TO THE TAMILNADU DR.M.G.R MEDICAL UNIVERSITY, CHENNAI.

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Approved by Nandha college research committee.

Principal **:……**

Prof.Mrs.R.Vasanthi, M.Sc., (N)
Professor in Paediatric Nursing,
Principal,Nandha College of Nursing,
Erode-638052.

Research Guide **:……..**

Mrs.Hamudhunniza,M.Sc.,(N)
Reader,
HOD Obstetrical and Gynecological Nursing,
Nandha College of Nursing,
Erode-638052.

Medical Guide **:……**

Dr.Veena Mathan Kumar,MD, D.G.O
Consultant- Obstetrics & Gynecologist.
M.N.P Nursing Home
Perundurai - 638052

A Dissertation submitted to
The Tamil Nadu Dr. M.G.R Medical University, Chennai
In partial fulfillment of the requirement for
Degree of Master of Science in Nursing

VIVAVOCE:

1. INTERNAL EXAMINER: _____

2. EXTERNAL EXAMINER:_____

ENDORSEMENT BYHEADOFTHEINSTITUTION

This is to certify that the dissertation **"A STUDY TO ASSESS THE EFFECTIVENESS OF STRUCTURED TEACHING PROGRAMMES REGARDING KNOWLEDGE ON EXCLUSIVE BREAST FEEDING AMONG PRIMI MOTHERS ATTENDING OUTPATIENT DEPARTMENT IN SUDHA HOSPITAL, AT ERODE** is a bonafide research work by: **30111133, Nandha College of Nursing , Erode** in partial fulfillment of the University rules and regulation for award of M.Sc., in Obstetrical and Gynecological Nursing under my Guidance and Supervision, during the academic year 2014-2015.

Name and signature of the Guide and Head of the department

Mrs. Hamudhunniza, M.Sc., (N)

Reader,

Head of the department, Obstetrical and Gynecological Nursing,

Nandha College of Nursing,

Erode – 638052.

Name and signature of the Principal

Prof. Mrs. R. Vasanthi, M.Sc. (N)

Professor in Pediatric Nursing,

Principal, Nandha College of Nursing,

Erode – 638052.

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- Researcher

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ABSTRACT

The present research was **"A STUDY TO ASSESS THE EFFECTIVENESS OF STRUCTURED TEACHING PROGRAMMES REGARDING KNOWLEDGE ON EXCLUSIVE BREAST FEEDING AMONG PRIMI MOTHERS ATTENDING OUTPATIENT DEPARTMENT IN SUDHA HOSPITAL, AT ERODE**". It was conducted by **Mrs. SHIRLY.C** in partial fulfillment of the requirement for the degree of Master of Science in Nursing at The Nandha College of Nursing, under The Tamil Nadu Dr.M.G.R. Medical University, Chennai during the year 2015.

The **Objectives** of the study were;

1. To assess the level of knowledge on Exclusive breast feeding among Primi mothers before and after administration of structured teaching program.

2. To implement and evaluate the effectiveness of the Structured Teaching Programme regarding knowledge on Exclusive breast feeding among Primi mothers.

3. To find out the association between pre-test level of knowledge score on exclusive breast feeding with demographic variables such as age,education,occupation,source of information, type of family .

HYPOTHESES:

H1: Structured Teaching Programme will be effective in improving knowledge on exclusive breast feeding among primi mothers.

H2: There will be a significant association between the pre-test knowledge on exclusive breast feeding among primi mothers with selected demographic variables such as age, education, occupation, source of information, type of family.

The research approach used for this study was **Quasi Experimental study** and the research design was "**Pre experimental design**". 60 primi mothers were selected by using purposive sampling technique. Data were collected with the help of interview methods. The tool was given to five experts for content validity. Pilot study was conducted to find the feasibility of the study and to plan for data analysis. Descriptive statistics (frequency percentage, mean & standard deviation) and inferential statistics (chi-square, paired 't' test) were used to analyse the data.

The significant findings of the study were:

- As per demographic characteristics, majority of 33 primi mothers (55%) belongs to the age group between 21 – 25 years, 24 primi mothers (40%) were educated up to high school level, 26 primi mothers (43%) were working in private sector, for 23 primi mothers (38%) their parents were the source of information, and 31 primi mothers (52%) belongs to joint family.
- The pre-test revealed that majority of primi mothers, 41 of them (68%) had inadequate knowledge, 18 of them (30%) had moderately adequate knowledge and only 1 of them (2%) had adequate knowledge. In post-test majority of primi mothers, 52 of them (87%) had adequate knowledge, 8 of them (13%) had moderately adequate knowledge and none of had inadequate knowledge.

- ❖ The comparison of pretest and post test score of knowledge regardingexclusive breast feeding among primi mothers. The mean pre-test score is 12.9 and mean post-test score is 25.63. The paired‘t’ test value was *13.17 when compared to the table value (2) is high. This shows that structured teaching Programme regarding exclusive breast feeding significantly increases the knowledge level among the primi mothers.
- ❖ There is significant association exist between pre-test score of knowledge regarding exclusive breast feeding and selected demographic variable. According to education, **X^2=14.32** were as the table value=12.59 is less than the calculated value at P<0.05 level it is evident that there is significant association exist between pre-test score of knowledge regarding exclusive breast feeding and education.
- ❖ There was no significant association between pre-test score of knowledge regarding exclusive breast feeding and other demographic variables like age, occupation, source of information and type of family.

RECOMMENTATIONS FOR FUTURE RESEARCH:

Based on the findings of the study the following recommendations are mad;

- The study can be replicated using a large sample to validate the findings on generalization
- A similar study can be conducted by using comparative approach and comparison can be made between nurses with varying qualifications.

- A study can also be done to assess the knowledge, attitude and practice of the primi mothers regarding exclusive breast feeding.
- Study can be done with randomization for better result.
- The study can be conducted among different groups in hospital and community settings.
- The study can be conducted using various research designs.

KEY WORDS:

Primi mothers, knowledge, Exclusive breast feeding.

CHAPER-1

INTRODUCTION

"A newborn baby has only three demands.

They are warmth in the arms of its mother,

Food from her breasts and security in the knowledge

of her presence; breastfeeding satisfies all three"

- Grantly Dick -2012

One of the primary functions of the family involves providing a framework for the production and reproduction of persons, biologically and/or socially. This can occur through the sharing of material substances (such as food); the giving and receiving of care and natural rural rights and obligations; and moral and sentimental ties. Thus, one's experience of one's family shifts over time. From the perspective of children, the family is a "family of orientation": the family serves to locate children socially and plays a major role in their enculturation and socialization. From the point of view of the parent(s), the family is a "family of procreation," the goal of which is to produce and en cultrate and socializes children. However, producing children is not the only function of the family; in societies with a sexual division of labor, marriage and the resulting relationship between two people, it is necessary for the formation of an economically productive household

"The state**m**ent that men and women are to reproduce is part of blessing God. The strong tie between mother and child provide the baby's first model for intimate relationship and foster sense of security and positive self esteem. A mother child relationship is paradoxical and innocence tragic it because require most intense love

on the mother side, during pregnancy there is anatomical and Psychological changes in the first trimester usually involves anxiety about the unborn baby. Pregnancy is an experience full of growth, change, enrichment, and challenge. Forthcoming parenthood causes psychological changes in both mother and father.

ELIZABATH EDEN

Breast-feeding is good for new mothers as well as for their babies. There are no bottles to sterilize and no formula to buy, measure and mix. It may be easier for a nursing mother to lose the pounds of pregnancy as well, since nursing uses up extra calories. Lactation also stimulates the uterus to contract back to its original size. Physiological changes take place in a mother's body during pregnancy are associated with and caused by the effects of specific hormones .These changes enable her body for labor and develop her breasts for production of milk during the puerperium.

ANNAMMAL JECOB-2010

A study published on 2008 at the Public Library of Science Computational Biology found that breast feeding mobilizes more then the usual brain cells that secrete oxytocin. Breast feeding puts dendrites to work as well to secrete oxytocin. Breast-feeding stimulates the uterus to contract back to its original size. There is strong evidence that breastfeeding decreases her risk of breast cancer. Continuing to breastfeed beyond the initial months can be challenging for many new mums. Scientists have long known that the mother's brain is flooded with oxytocin when breast feeding But until recently that had been puzzled as to how enough oxytocin was Produced to alter the mother's moods. Oxytocin , which is also secrete during labour and sexual intercourse, is known as the "Love hormone". It increases feeling of trust, relaxation and love. It has a sedative effect. No of women report feeling drowsy

while breast feeding. Breastfeeding also fosters closeness between mother and child in other ways. It enables mother and baby to have more physical and skin –to –skin contact.

Lactation describes the secretion of milk from the mammary glands and the period of time that a mother lactates to feed her young. In humans the process of feeding milk is called breastfeeding or nursing. When the baby sucks its mother's breast, a hormone called oxytocin compels the milk to flow from the alveoli, through the ducts (milk canals) into the sacs (milk pools) behind the areola and then into the baby's mouth. Lacto genesis is defined as the onset of milk production and secretion. Galactopoietic is the maintenance of milk production**.**This stage requires prolactin and oxytocin. Prolactin contributes to the increased growth and differentiation of the alveoli, and also influences differentiation of ductal structures. High levels of prolactin during pregnancy and breastfeeding also increase insulin resistance, increase growth factor levels (IGF-1) and modify lipid metabolism in preparation for breastfeeding. During lactation, prolactin is the main factor maintaining tight junctions of the ductal epithelium and regulating milk production through osmotic balance. At birth, prolactin levels remain high, while the delivery of the placenta results in a sudden drop in progesterone, estrogen, and HPL levels. This abrupt withdrawal of progesterone in the presence of high prolactin levels stimulates the copious milk production of Secretory Activation. After birth, oxytocin contracts the smooth muscle layer of band-like cells surrounding the alveoli to squeeze the newly produced milk into the duct system. Oxytocin is necessary for the milk ejection reflex, or let-down to occur.

Journal of biology -Akers, R. M. (2009).

During pregnancy there is progressive anatomical and physiological change not only

Confined to the genital organs but also to all systems of the body. The changes in breast are best evident in a primigravida. Size of the breasts becomes evidence even in early weeks. This is due to marked hypertrophy and proliferation of the ducts (estrogen) and the connective tissue stoma. During the second trimester, in the leucocytes in the breast are stimulated to develop further and produce colostrum due to the influence of prolactin released from the anterior pituitary. The colostrum contains lactose; total proteins and immunoglobulins.During this period, the high levels of progesterone prevent the production of milk.

KAMINI RAO-2011

World breast feeding week is August first week (1-7days).

WHO

After the baby born from the mother's uterus the care for a child to begin is the first few hours of life with exclusive breast feeding and appropriate interventions' at 4-6 months in the form of timely complementary feeding. Exclusive breast feeding for 6 months means that the infant receives only breast milk from her mother with the exception of drops or medications, during this time and after 6 months breast feeding should continue for 24 hrs or more long with appropriate complementary feedings. Breast feeding is the ideal form feeding in the neonate.

D.C Dutta-2001

Exclusive breastfeeding – that is the infant only receives breast milk without any additional food or drink, not even water. Breastfeeding is an unequalled way of providing ideal food for the healthy growth and development of infants; it is also an

integral part of the reproductive process with important implications for the health of mothers. Review of evidence has shown that, on a population basis, exclusive breastfeeding for 6 months is the optimal way of feeding infants. Thereafter infants should receive complementary foods with continued breastfeeding up to 2 years of age or beyond

WHO-2013

The first milk is colostrum

- Colostrum is in breasts starting about the 5th month of pregnancy.
- Colostrum is available in small amounts which perfectly match the baby's stomach size at birth.
- Breast milk begins to be produced when the baby is born, and increases in amount daily, as the baby's stomach size grows.
- Small amounts of colostrum in the first few days keep the baby from overfilling his stomach. This is important while the baby is learning to coordinate sucking, swallowing, and breathing.
- Colostrum gives baby protection against disease that no formula can give.

www.icmh.org-2009

Colostrum's (early breast milk) is the perfect starter food for the baby. This yellowish, creamy substance is found in the breasts during pregnancy and for a few days after delivery. The colostrum's' provides all the nutrition to the baby will need right after birth. It also provides important protection against bacteria and viruses. Colostrum's

act as natural laxative to help clear the meconium from baby's intestines. The amount of breast milk will increase over the first few days after birth. Breast milk has the perfect balance of water and nutrients containing fats, sugars, proteins, minerals, vitamins, enzymes and antibodies (IgA,IgG and IgM)and hormonal factors (lactoferrin) that provide immunological defence to the newborn. It is also designed to promote brain and body growth. Exclusive breast feeding will saves lives of babies by preventing some gastro intestinal diseases such as vomiting, diarrhea and malnutrition.

S.S.PRABHVDEVA-2009

Breast feeding also allows the baby to bond in a way that cannot be matched by bottle feeding. Good feeding is one of the basic components of health and as particulars of optimal child development survival and maintenance of health through our life. All New born who cry soon after birth and do not show any signs of illness must be kept close to their mother and put to the breast soon after birth. This will ensure warmth initiation of breast feeding and emotional bonding Breast feeding should be initiated within the first hour after birth. The nutritional and health status of infants depends mainly on the feeding practices of the community. Early life is a period of rapid

growth with the weight of infant doubling by 6 months and tripling by one year of age.

DR.RITEN KUMAR, 2004

The BFHI is a global UNICEF| WHO sponsored effort to promote breast feeding by assuring that all women are provided with sound intimation regarding their Infant feeding choices. Exclusive Breast feeding should continue for 6 months with

complementary feeding beginning at 6 month of age & not before age ever. Cultural norms, painful breast feeding experiences, separation of mother & baby & lack of appropriate support & information often leads to premature introduction of inappropriate foods before the age of 6 month. Too early introduction of these liquids & foods & reduced Breast feeding Exposes the infant to harmful pathogen, jeopardizes the infant's growth, decreases the mother's breast milk supply & disrupts the birth spacing effect of Breast feeding. On the other side of the spectrum, if foods are introduced too late infants may be at risk from limited energy & nutrient intake that can affect their growth, development, & health**.**

- Baby friendly Hospital Initiative

NEED FOR THE STUDY

"While breast feeding may not seem the right choice for every parent; it is the best choice for every baby"

-Amy Spangler-2012

Human milk is bacteriologically safe and always fresh. The nutrients in breast milk are ideally balanced and more easily absorbed than are those in formula. Breast feeding promotion network says infants aged (0-5) months who are not breastfed have seven fold death and fivefold increased risk of death from diarrhoea compared with infants who are exclusively breastfeed. At the same age, non exclusive breast feeding results in more than two fold increased risk of dying from diarrhoea. Infant aged 6-11 months who are not breast fed also have been an increased risk of such deaths.

The 10th five year plan of Government of India had set a target to increase exclusive breast feeding rate to 80% during first 6 months from the current level of around 40.5% and increase rate initiation of breast feeding within one hour to 50% from the current level of about 15% and increased rate of complementary feeding 33.5% to 75% to reduce infant and childhood mortality and improve health and development of infants and young children.

Breast feeding is ideal composition for easy digestion with low osmotic load. Two vital considerations for the infants in tropical countries are breast feeding and avoidance of infection. It confers passive immunity to the baby as the milk contains protective antibodies IgA, IgG.It contains vitamin D which protects as the against rickets. Its lysozyme content protects against infection and long chain fatty acids helps in neurological development of the baby. Breast milk is readily available. It is more convenient. Breast feeding acts as a natural contraception and psychologically it establishes a healthy mother-child relationship.

10th five year plan of Government of India

It has been identified a group of genes in breast milk that contribute to a more efficient immune system. Breast feeding facilitates the cognitive development of the infants. Scientists have known for a long time that breast milk contains immune – protective components that make a breast fed infant's risk lower for all kinds of illnesses. Statistics state that 2, 70,000 infants born in Utter Pradesh die in the first month of their birth and every sixth malnutrition child lives in UP. The National Family Health Survey-3, said only 24.5 present of new mothers initiated breastfeeding in the hour after birth,46.4 present breastfed exclusively the first six months and a slightly more encouraging 56.7 percent nursed beyond six months with the

introduction of complementary food. But nearly half of under 5 children were underweight.

According to the findings of a report published in Times of India, an estimated number of 70 per cent of infant deaths in India occur during the first 29 days of life. According to the news report in Times of India Jammu and Kashmir leads the list of infant deaths as the valley has the highest percentage of deaths ranging to 82.1 per cent, followed by Maharashtra, Himachal Pradesh, Punjab, West Bengal, Rajasthan and Madhya Pradesh. As per the Registrar General's latest data Sample Registration System 2010, in comparison to 2009 only 32,000 less children died in 2010. The statistics revealed that 88 fewer deaths occurred per day. However, even then 8.26 lakh children were found to be dead due to various reasons in the year 2010.

Times of India-2012.

The survey mentions these numbers in the same breath as a 57 in 1,000 live birth infant mortality rate compared to 44 in 1,000 live births of sub-Saharan Africa. An important developmental parameter, IMR continues to stay high despite the two-decade long campaign to bring it down.40% of under five mortality rate were account only with neonatal death.

Physical advantages for the mother out of breast feeding include decreased bleeding and risk of haemorrhage after birth, reduction of breast cancer risk especially women who breastfeed more than 2 years, reduction of ovarian and uterine cancer, improved bone density and reduction of hip fractures in later life, fertility reduction although breast feeding should not be used sole contraception. Social advantages like breast milk is always available and feeding can be done easier. Emotional advantages such

as promotes bonding and a close relationship between mother and infant. Economical advantages are infants with fewer illnesses in lower health care costs.

The physical advantages for the infant include breast milk is nutritionally perfect for infants, readily with no preparation or sterilization, easily digested resulting in less gas, presence of antibodies and other protective factors reduce the risk of asthma, food allergies, eczema, respiratory infections and reduce the risk for some cancers, diabetes, chronic bowel diseases and diarrhea.Breast feeding promotes nervous system development and increases the intelligence. There is reduced incidence of sudden infant death syndrome with breast fed infants.

Whatever the reasons for artificial feeding at the earliest, many mothers complains they not have adequate milk to satisfy their babies hunger. So they start to wean earlier without knowing that, they themselves hindering the healthy life of their beloved off –spring. It has been estimated that breast feeding initiated in first one million babies around the world can be saved. It is in our hand being health professionals should provide ways and means to promote breast feeding. California at San Francisco recently found that women who slept fewer than 6 hours per night had longer labors and were 4.5 times more likely to have cesarean deliveries. Based on these findings, the researchers recommend that doctors discuss both sleep quantity and sleep quality with their pregnant patients as part of basic prenatal care and stress the importance of "sleeping ".

The knowledge of pregnant women regarding antenatal care and their compliance to it is of paramount importance in preventing maternal and infant mortality rate and morbidity. The Indian society is made of large number of socio–culturally diverse groups. Their views of antenatal care and the health care system in general, may be

different. The disparity of their knowledge and practice has to be assessed for improving the delivery of such services to these groups.

WHO and UNICEF developed the 40-hour Breastfeeding Counseling: A training course to train a cadre of health workers that can provide skilled support to breastfeeding mothers and help them overcome problems, both institutions have also developed a 5-day course on Infant and Young Child Feeding Counseling, to train health workers so they become competent and able to promote appropriate breastfeeding, complementary feeding and feeding of infants in the context of HIV. Basic breastfeeding support skills are also part of the 11-day Integrated Management of Childhood Illness training course for first-level a health worker, which combines skills for adequate case management with preventive care. Evaluation of breastfeeding counseling delivered by trained health professionals as well as community workers has shown that this is an effective intervention to improve exclusive breastfeed.

- **WHO**

Kornides M, etal (2013). The prenatal exposure to breastfeeding information from various media sources, maternal knowledge of benefits, family and clinician support, and peer practices influence breastfeeding outcomes in early infancy. Initiation of breastfeeding, any breastfeeding at two months, and exclusivity of breastfeeding at two months were examined in a cohort of US women using data from the Infant Feeding Practices Study II. Descriptive statistics, chi-square analyses and logistic regression were conducted. Approximately 85 percent of the women initiated breastfeeding. At two months, 63.8 percent continued breast feeding, while only 38.1 percent breastfed exclusively. Mothers with greater knowledgeable out breastfeeding

benefits were 11.2 (95% CI: 6.87-18.45) times more likely to initiate breastfeeding and 5.62 (95% CI: 4.19-7.54) times more likely to breastfeed at two months than those with lower levels of knowledge. Women whose families prenatally supported exclusive breastfeeding were 8.21(5.12-13.2) times more likely to initiate and continue breastfeeding (OR 3.21, 95% CI: 2.51-4.11). Clinicians who supported breastfeeding only also increased the odds of a woman initiating breastfeeding **(**OR 1.95, 95% CI: 1.31-2.88). Interventions to increase maternal knowledge of breastfeeding benefits and family and clinician support of breastfeeding in the prenatal period may help increase breastfeeding rates. The encouragement of breastfeeding needs to be a priority among health care providers to improve the health of mothers and infants**.**

Karin M. Hillenbrand,(2012) conduct a surveys study on Effect of an Educational Intervention About Breastfeeding on the Knowledge, Confidence, and Behaviors of Pediatric Resident Physicians at East Carolina University, Breastfeeding is the preferred nutrition for infants, but many pediatricians report inadequate training to advise mothers who breastfeed. An interactive multimedia curricular intervention was designed for pediatric residents to increase their knowledge about common lactation issues. The residents completed questionnaires before and after the intervention to measure knowledge and confidence was using telephone surveys of breastfeeding mothers after a clinic visit with a pediatric resident. Forty-nine pediatric residents participated in the study. Mean knowledge scores increased from 69% before the intervention to 80% after the intervention. Before the intervention residents performed an acceptable number of behaviors 22% of the time, while after the intervention their performance was acceptable 65% of the time. Particular behaviors that showed significant improvement after the intervention included discussing signs

of breastfeeding adequacy with the mother and correct management of lactation problems.

STATEMENT OF THE PROBLEM STATEMENT

A STUDY TO ASSESS THE EFFECTIVENESS OF STRUCTURED TEACHING PROGRAMME REGARDING KNOWLEDGE ON EXCLUSIVE BREAST FEEDING AMONG PRIMI MOTHERS ATTENDING OUT PATIENT DEPARTMENT IN SUDHA HOSPITAL AT ERODE.

OBJECTIVES:

1. To assess the level of knowledge on Exclusive breast feeding among Primi mothers before and after administration of structured teaching program.

2. To implement and evaluate the effectiveness of the Structured Teaching Programme regarding knowledge on Exclusive breast feeding among Primi mothers.

3. To find out the association between pre-test level of knowledge score on exclusive breast feeding with demographic variables such as age, education, occupation, source of information, type of family .

HYPOTHESES:

H1 : Structured Teaching Programme will be effective in improving knowledge on exclusive breast feeding among primi mothers.

H2 : There will be a significant association between the pre-test knowledge on exclusive breast feeding among primi mothers with selected demographic

variables such as age, education, occupation, source of information, type of family.

ASSUMPTION:

- Primi mother may have less knowledge regarding exclusive breast feeding.
- Structured Teaching Programme is effective in improving the knowledge of exclusive breast feeding among primi mother.

OPERATIONAL DEFNITION:

ASSESS:

It means the process of collecting, organizing, validating and recording data.

In this study, the knowledge among of primi mothers regarding exclusive breast feeding is assessed.

EFFECTIVENESS:

Effectiveness is defined as which producing an intended result, impressive or striking.

It is change which is a result. It refers to significant improvement of knowledge on regarding exclusive breast-feeding among primi mothers.

STRUCTURED TEACHING PROGRAMME:

It refers to a plan, schedule, or procedure.

In this study it refers to the planned information or techniques regarding Exclusive Breast-feeding on knowledge will be given to the group of primi mothers with the help of LCD presentation**.**

EXCLUSIVE BREAST – FEEDING

It means giving nothing orally other than colostrum and breast milk. Breast feeding is the feeding of an infant or young child with only breast milk directly from female human breast.

KNOWLEDGE:

It is the information gained through experience on education.

It refers to correct response of the primi mother's regarding Exclusive breast feeding which is measured by structured questionnaire.

PRIMI MOTHERS:

Primi mothers are a woman pregnant for the first time.

ASSUMPTION:

- Primi mothers may have less knowledge regarding exclusive breast feeding.
- Structured teaching Programme is effective in improving the knowledge of exclusive breast feeding among primi mothers.

DELIMINATION:

This study in limited to:

- Primi mothers attending outpatient department in Sudha hospital at erode.
- Sample size limited to 60 primi mothers only.
- This data collection period limited for 15 days only.

CONCEPTUAL FRAMEWORK

Conceptual frameworks are inter-related concepts that assembled together in some rational scheme by virtue of their relevance to a common theme. Conceptual framework helps to stimulate research and the extension of knowledge by providing both direction and inputs**.** **(Polit and Hungler, 1999)**

Conceptual framework is the precursor of a theory. It provides broad prospective for nursing practice, research and education. Conceptual framework plays several inter-related roles in the progress of science. Their overall purpose is to make scientific and meaningful findings and also to generalize the findings**.**

(Polit and Hungler, 1999)

The present study is focused on the effectiveness of structured teaching programme regarding exclusive breast feeding among primi mothers. The study is based upon **J.W.Kenny's open system model**. The system's theory is concerned with changes due to interrelation between various factors in a situation. All living systems are open, in which there is a continual exchange of matter, energy and information. Open system have varying degrees of input and gives back output in form of matter, energy and information.

The concepts of Kenny"s open system model are input, throughput, output and feedback. Input refers to matters and information, which are continuously processed through the system and released as outputs. After processing the input, the system returns output (matter and information) to the environment in as altered state, affecting the environment for information to guide its operation. This feedback information of environment responses to the systems output is used by the system in adjustment correlation with the environment. Feedback may be

possible, negative or neutral. In this study the concepts have been modified as follows.

INPUT:-

According to J.W. Kenny‟s input can be matter, energy and information from the environment. In the present study the input refers to assessment of the level of knowledge regarding exclusive breast feeding among primi mother through structured interview schedule questionnaire.

THROUGHPUT:-

Throughput was the implementation of structured teaching programme regarding exclusive breast feeding to the primi mother.

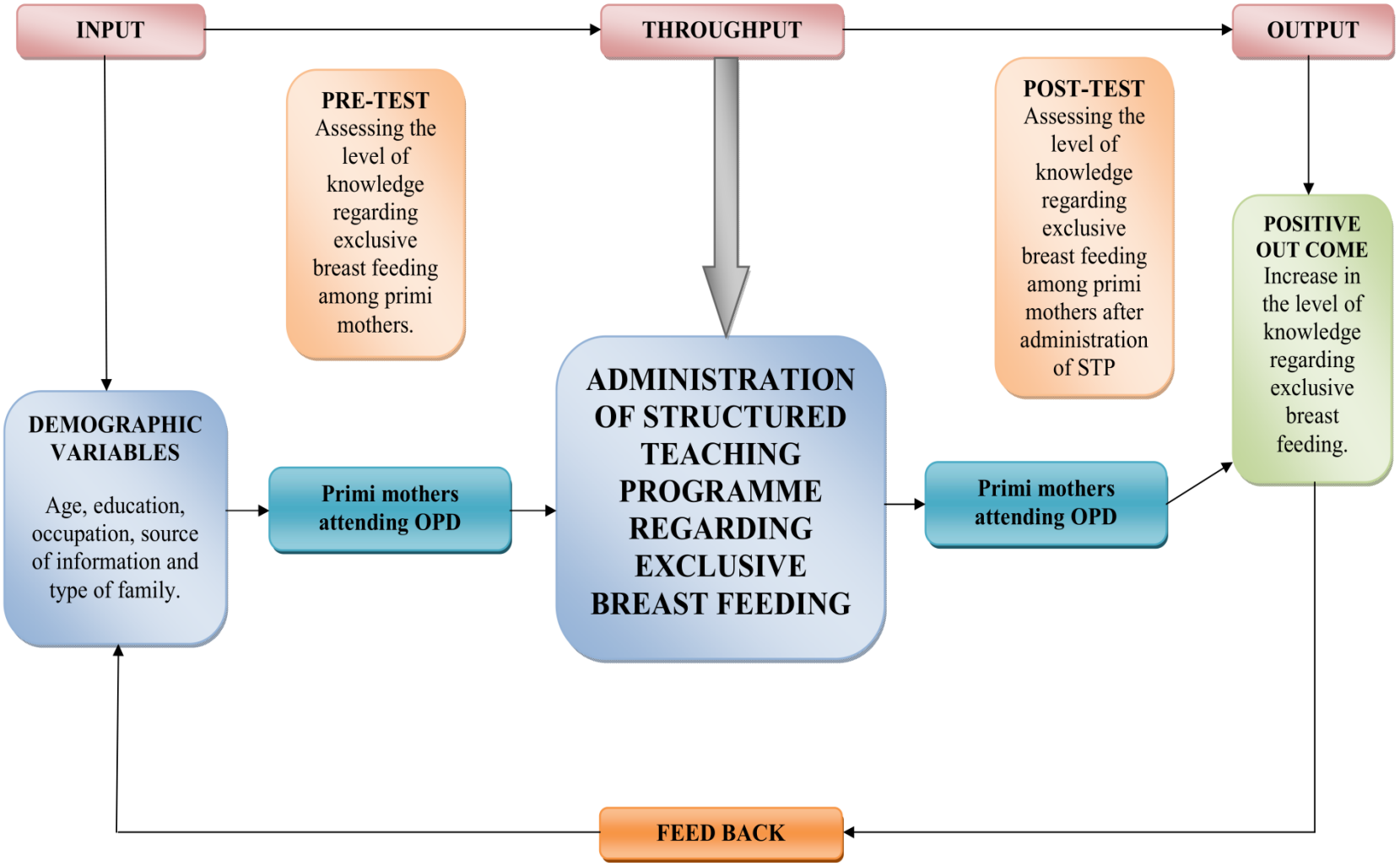
OUTPUT:-

The expected outcome was obtained by assessing the level of knowledge regarding exclusive breast feeding among primi mother through self-structured questionnaire. The output was considered in terms of change in posttest level of knowledge regarding exclusive breast feeding among primi mother obtained through structured interview schedule questionnaire.

FEEDBACK:-

Differences in pre and post-test scores were observed from the level of knowledge scores of the sample. In the present study, the feedback considered as a process of maintaining the effectiveness of structured teaching programme. Feedback was based on the analysis of post-test scores, the intervention strategy can be modified if necessary and the same pattern can be followed once again.

Figure – 1 **CONCEPTUAL FRAMEWORK BASED ON MODIFIED J.W. KENNY'S OPEN SYSTEM**



CHAPTER-II

REVIEW OF LITERATURE

Review of literature is a broad systematic and critical collection and evaluation of important scholarly published literature as well as unpublished materials. The review serves as an essential background for any research.

B.T. Basavanthappa, 2004

The process of reading, analyzing, evaluating, and summarizing scholarly materials about a specific topic. The results of a literature review may be compiled in a report or they may serve as part of a research, article, thesis, grant, and proposal.

Nordquist Richar

REVIEW OF LITERATURE:

A. Studies related to exclusive breastfeeding
B. Studies related to knowledge of primi mothers on exclusive breast feeding

A. STUDIES RELATED TO EXCLUSIVE BREAST FEEDING:

Abuidhail J, etal (2013) This study is to investigate the prevalence, duration, practices and barriers of Exclusive breast feeding (EBF) among Jordanian mothers in three major governorates. Longitudinal, prospective design was used in this study. Convenience sample of 572 pairs of postpartum mothers-infants were recruited from postpartum wards at three governmental hospitals and three private hospitals in major Jordanian governorate. Data were collected in two phases. In the first phase, trained research assistants conducted face to face structured interviews with participating mothers at the hospital. In the second phase, the research assistants conducted follow

up phone interviews at the end of first, fourth and sixth months after birth. The findings of this study showed that the prevalence of EBF as recommended by WHO was 1%. The average duration of EBF was one month. The main barriers of EBF were: infants feel hungry after breast feeding, short period between pregnancies, and breast problem. The researcher concluded the postpartum mothers initiated EBF practice within the first hour after giving birth; however, this practice declined gradually as the infant grew up within the first six months after birth. Implications for practice: antenatal education sessions in the Jordanian governmental hospitals about EBF are required to meet the WHO recommendations. Furthermore, midwives and nurses have to focus on effective breast feeding process to overcome the barriers of EBF during antenatal education and postnatal care.

Ali Mohamed Al-Binali – (2012) . Conducted a cross sectional study on breast feeding knowledge, attitude and practice among female teachers in the Abha Female Educational District. The aim of this study was to assess breastfeeding knowledge, attitude and practice (KAP) among female teachers in the Abha Female Educational District and identify factors that may affect breastfeeding practice in the study population. A cross-sectional study using a self-administered questionnaire was conducted among school teachers in Abha Female Educational District during the months of April to June, 2011. Breastfeeding KAP of participants who had at least one child aged five years or younger at the time of the study was assessed using a self-administered questionnaire, based on their experience with the last child. A total of 384 women made up of 246 (61.1%) primary-, 89 (23.2%) intermediate- and 49 (12.8%) high-school teachers participated in the study. One hundred and nineteen participants (31%) started breastfeeding their children within one hour of delivery, while exclusive breastfeeding for 6 months was reported only by 32 (8.3%)

participants. Insufficient breast milk and work related problems were the main reasons given by 169 (44%) and 148 (38.5%) of participants, respectively, for stopping breastfeeding before two years. Only 33 participants (8.6%) had attended classes related to breastfeeding. However, 261 participants (68%) indicated the willingness to attend such classes, if available, in future pregnancies. This study revealed that breast milk insufficiency and adverse work related issues were the main reasons for a very low rate of exclusive breastfeeding among female school teachers in Abha female educational district, Saudi Arabia. A very low rate of attending classes addressing the breastfeeding issues during pregnancy, and an alarming finding of a high percentage of babies receiving readymade liquid formula while still in hospital, were also brought out by the present study. Such findings, if addressed comprehensively by health care providers and decision-makers, will lead to the improvement of breastfeeding practices in the study community.

Setegn T, etal (2012) conducted a community based cross-sectional study on Factors associated with exclusive breastfeeding practices among mothers in Bale Goba district, south east Ethiopia. Exclusive breastfeeding is defined as feeding infants only breast milk, be it directly from breast or expressed, with no addition of any liquid or solids apart from drops or syrups consisting of vitamins, mineral supplements or medicine, and nothing else. Several studies have shown that exclusive breastfeeding for the first six months plays a great role in preventing morbidity and mortality. However, in Ethiopia a large portion of infants are not exclusively breastfed according to the infant feeding recommendations. Understanding the factors that influence exclusive breastfeeding is crucial to promoting the practice. A total of 608 mothers were selected randomly. A convenience sampling technique was used to generate the qualitative data. The qualitative data were analyzed using thematic

frameworks. A multivariable logistic regression analysis was used to identify independent predictors of exclusive breastfeeding after controlling for background variables. The prevalence of exclusive breastfeeding in the last 24 hours preceding the survey was 71.3%. The median duration of exclusive breastfeeding was three months and mean frequency of breastfeeding was six times per day. Being unemployed [AOR: 10.4 (95% CI: 1.51, 71.50)] and age of infants of less than two months [AOR: 5.6 (95% CI: 2.28, 13.60)] were independently associated with exclusive breastfeeding. The study concluded that a large proportion of infants are not exclusively breastfed during the first 6 months, despite what is recommended in the national and global infant and young child feeding (IYCF) guidelines. Employed mothers were less likely to practice exclusive breastfeeding, implying the need for promoting workplace breastfeeding practices and creating an enabling environment for exclusive breastfeeding. Extensions of maternity leave up to the first six month of child's age to achieve optimal level of exclusive breastfeeding practices should also be looked into as an alternative solution among mothers.

Malays J Nutr- (2012) A qualitative study using in-depth interviews was conducted to examine respondents' views about EBF including their beliefs, experiences and feeling. The interviews were audio-recorded and transcribed verbatim, followed by discussion and identification of emergent concepts. : Data saturation was achieved after interviewing a total of 30 women. The mean age of the women was about 30 years with most having at least secondary level schooling; the majority was working women. Thirteen of the 30 women practiced EBF. They believed breastfeeding allowed them to fulfill the reproductive role and regarded it as a gift from God. The practice required sacrifice, and was therefore associated with a combination of positive and negative feelings. Differing opinions surfaced with regard to belief in the

superiority of breastfeeding and feasibility of practice. The researcher concluded many women accepted breastfeeding practice but found it challenging to practice EBF especially when confronted with low milk production, perceived low nutritional quality breast milk, and work commitments. Women should be educated on the importance of EBF with regard to the nutritional adequacy of breast milk and long-term benefits for mother and children**.**

Int Breastfeed J. (2012) The cross-sectional study was conducted from March to February 2010 involving both quantitative and qualitative data. A total of 608 mothers were selected randomly. A convenience sampling technique was used to generate the qualitative data. The qualitative data were analyzed using thematic frameworks. A multivariable logistic regression analysis was used to identify independent predictors of exclusive breastfeeding after controlling for background variables.

Tengku AT, etal (2012): conducted a qualitative study using in-depth interviews was conducted to examine respondents' views about EBF including their beliefs, experiences and feelings. The interviews were audio-recorded and transcribed verbatim, followed by discussion and identification of emergent concepts. This study aimed to examine perceptions on EBF and its influencing Factors among a sample of Malay women in rural and urban areas in kelatan Malaysia. Data saturation was achieved after interviewing a total of 30 women. The mean age of the women was about 30 years with most having at least secondary level schooling; the majority was working women. Thirteen of the 30 women practiced EBF. They believed breastfeeding allowed them to fulfill their reproductive role and regarded it as a gift from God. The practice required sacrifice, and was therefore associated with a combination of positive and negative feelings. Differing opinions surfaced with

regard to belief in the superiority of breastfeeding and feasibility of practice. Many women accepted breast feeding practice but found it challenging to practice EBF especially when confronted with low milk production, perceived low nutritional quality breast milk, and work commitments. The researcher concluded that the Women should be educated on the importance of EBF with regard to the nutritional adequacy of breast milk and long-term benefits for mother and children.

Phillips G, Brett K, P.(2011) conducted a study on Previous breastfeeding practices and duration of exclusive breastfeeding among multiparous women in the United States Examined the influence of duration of exclusive breastfeeding (DEBF) for a mother's earlier children on the DEBF for her later children among multiparous women from the 2002 National Survey of Family Growth. DEBF was categorized as: never breastfed (NBF) (referent); not exclusively breastfed or exclusively breastfed for <4 months (EBF<4); and exclusively breastfed for ≥4 months (EBF≥4).We examined DEBF using weighted percentages and odds ratios (OR) with 95% confidence intervals (CI) from multinomial logistic regression models, adjusting for maternal factors. About 70% of multiparous women (n=2,149) repeated the duration of exclusive breastfeeding of their first child for their second child; 14% of women repeated EBF≥4. Among multiparous women, the adjusted odds ratio for EBF≥4 for second children was 7.2 (95% CI=4.0-12.9) when first children were EBF<4 and 90.7 (95% CI=45.4-181.4) when first children were EBF≥4, relative to NBF first children. In analyses where DEBF of third children was the outcome, odds of EBF≥4 were more strongly influenced by DEBF of second children while the impact of DEBF of first children was not as strong. Older maternal age and being married were related to an increased DEBF. Being married at second birth predicted a change from NBF for first children to EBF≥4 for second children (OR=6.2, 95% CI=2.7-14.2). In

conclusion, mothers generally repeated the DEBF of their previous child. For third children, DEBF of the second child was more likely to be repeated than that of the first child.

Miriam Falco June 21st, (2010): conducted this study to assess breastfeeding knowledge and practices and the factors influencing them among women in rural Punjab, India. We interviewed 1,000 women in a community-based analytical cross-sectional study that was carried out in 20 villages of the District of Amritsar, Punjab, India, in 2005-2006 by standard cluster sampling. Time at initiation of breastfeeding and variables like understanding about the importance of colostrums, nutrition during lactation, and motivation by health workers were assessed. Statistical analysis was done by percentages compared with the χ^2 test .Two hundred twenty-five respondents (23.8%) started breastfeeding their babies on the first day of birth, but in terms of early breastfeeding only 128 (13.5%) respondents put their babies on the breast within 4 hours of birth. Of the 1,000 respondents, 356 (35.6%) of the respondents were unaware of the importance of colostrums, 733 (77.6%) were not given advice on benefits of breastfeeding/weaning, and 306 (33.5%) of respondents had not increased their diet during lactation.

Garg R, etal (2010) conducted a community-based cross-sectional study on Breastfeeding knowledge and practices among rural women of Punjab, India .We interviewed 1,000 women in a community-based analytical cross-sectional study that was carried out in 20 villages of the District of Amritsar, Punjab, India, in 2005-2006 by standard cluster sampling. Time at initiation of breastfeeding and variables like understanding about the importance of colostrums, nutrition during lactation, and motivation by health workers were assessed. Statistical analysis was done by

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RN Chaudhary-(2010) conducted a cross sectional study on Knowledge and practice of mothers regarding breast feeding: A cross sectional study was carried out on 200 mothers of under 1 year old children who attending the pediatric Out Patient Department, well baby clinic and immunization clinic at BPKIHS, Dharan Nepal. Mothers were interviewed using pre-designed questionnaire. All mothers knew that they had to breast feed their babies, but they did not have adequate knowledge about the appropriate way of breastfeeding. 10% knew that they have to initiate breast feeding within ½ hour of birth, 10% had idea on pre lacteal feed, 25% had idea on importance of colostrum's, 15% knew the meaning of exclusive breast feeding, and 15% of the mothers had idea on importance of night feeding. 41.5% mothers initiated breast feeding within ½ hour of birth, 33% mothers gave pre lacteal feed, colostrum was fed by 95%, 15% were practicing exclusive breast feeding, 90% mothers were practicing night feeds, 15% mothers practiced feeding one side at a time, 60% mothers were practicing inappropriate attachment and positioning, None of the

mothers got any advice regarding breast feeding during ANC visits. So the researcher concluded that the mothers needed the knowledge and importance of Exclusive breast feeding during ANC visit.

Bramson L etal - (2010) conducted a hospital-based, prospective cohort study on Effect of early skin-to-skin mother--infant contact during the first 3 hours following birth on exclusive breastfeeding during the maternity hospital stay. Data collected in 19 hospitals in San Bernardino and Riverside counties by California Prenatal Services Network on all mothers (n = 21 842) who delivered a singleton infant (37-40 weeks gestation) between July 2005 through June 2006. Multivariate ordinal logistic regression showed that maternal infant-feeding method intention (measured prior to birth), socio demographic characteristics, intra partum variables, and early skin-to-skin mother-infant contact during the first 3 hours following birth (controlling for delivery hospital) were correlated with exclusive breastfeeding during the maternity hospitalization. Compared with mothers with no early skin-to-skin contact, exclusive breastfeeding was higher in mothers who experienced skin-to-skin contact for 1 to 15 minutes (odds ratio [OR] 1.376; 95% confidence interval [CI], 1.189-1.593), 16 to 30 minutes (OR 1.665; 95% CI, 1.468-1.888), 31 to 59 minutes (OR 2.357; 95% CI, 2.061-2.695), and more than 1 hour (OR 3.145; 95% CI, 2.905-3.405). The results demonstrate a dose-response relationship between early skin-to-skin contact and breastfeeding exclusivity.

Ogbonna C Daboer JC -(2008) A cross sectional study to determine the current level of knowledge and practice of nursing mothers on exclusive breastfeeding .The target population of interest was nursing mothers. A pre-tested, structured close ended interviewer questionnaire was used. Four hundred and seventy nursing mothers who

consented were recruited for the study through a house-to-house visit. Three assistants (two females and a male) were recruited and trained on the questionnaire administration. Data analysis was by SPSS software and chi-square test of proportion for statistical significance of association was done. Out of the 470 nursing mothers studied 387 (82.3%) were able to define correctly exclusive breastfeeding while 315 (67.0%) practiced or were practicing exclusive breastfeeding at the time of this study. The knowledge and practice of exclusive breastfeeding was found to increase with increasing age and better educational status of the women. Ninety six (20.4%) nursing mothers said they never breastfed their babies while in public place. Although knowledge and practice of exclusive breastfeeding among the women were considerably high, the younger age brackets were less knowledgeable arid adherent to the practice. Targeting adolescents for exclusive breastfeeding education and sensitization is necessary in preparing them for motherhood**.**

B.STUDIES RELATED TO KNOWLEDGE OF PRIMI MOTHERS RELATED TO EXCLUSIVE BREAST FEEDING

K. Marcinkowskiego in oct (2011):This survey study was connected on knowledge about breast feeding advantages among primiparas in Provincial Complex Hospital in Leszno.101 randomly chosen pregnant women in labor were questioned. An anonymous survey was used as an analytic tool. The survey was specifically created for this research and it contained 30 questions. Majority of responders (98%) declared a will for breastfeeding. Also majority of women (94%) knew that their milk contains all the needed ingredients for proper development of their young. According to the pregnant women in labor (98%) breastfeeding is a key element in establishing an emotional connection with the child. Most of the responders knew the influence of breastfeeding on child's health. Minority of the questioned women (14%) attended

birthing courses. The responders were equipped in knowledge on various levels. It proves the necessity of sys- thematic and planned education for women. The system of lactation counseling should be an integral part of post-labor care in obstetrician clinics.

Kuzma etal - (2013) A conducted a study using interviews based on a semi-structured questionnaire (n = 140) and Focus Group Discussions (FGDs) was conducted among mothers in rural between August and September 2012. Participants were selected using convenience sampling. Included in the study were both primiparous mothers with a child below the age of two years. Content analysis was used for qualitative data and descriptive statistics were used for quantitative data. Whereas most women indicated breastfeeding as a better way to feed babies, knowledge of the reasons for its superiority over infant formula was generally poor. Only 17% of mothers practiced exclusive breastfeeding for the first six months postpartum. The study showed that the size of the gap between exclusive breastfeeding practice and global recommendations was striking. Taking into account the low educational profile of the participants, the disparity may be explained by the fact that most of the mothers in this study had no formal education on infant feeding This study showed a lack of understanding of the importance of and poor adherence to exclusive breastfeeding for the first six months postpartum among rural mothers. As exclusive breastfeeding promotion has been proved to be one of most effective ways to improve infant survival, more attention should be given to it, especially targeting the large proportion of women who missed formal education on infant feeding in school. A proper community-based program including the tools for monitoring its implementation and effectiveness needs to be developed to transform policy recommendations into action in rural PNG.

R V Mohite, etal - (2012) conducted a cross sectional study was conducted on knowledge of breast feeding among primi gravid mother at Ante-natal clinic of Krishna Hospital and Medical Research Center, Karad district Satara. Pre-tested structured preform used to collect information from 590 married primi gravid mothers attending ante-natal clinic during study period by utilizing personal interview method. Socio-demographic frequency percentage distribution, knowledge scoring and statistical association was analyzed by using chi-square test. Out of 590 primi gravid mothers, 59.66% showed fair quality of knowledge about breast feeding. knowledge about rooming in, family support for breast feeding & burping after breast feeding was 97.7%, 95.4% , 93.5% however weaning, colostrum's feed, hazards of bottle fee ding and prenatal food was 84%, 82.7%,75.5% and 54% respectively. Statistical association was existed between age as, education, religion, socio-economic status and respectively Knowledge breast feeding among primi gravitas mothers attending ANC clinic was of fair in quality. The researcher concluded that the Women should be educated on the importance of Exclusive breast feeding.

Przegl Lek- (2012): The study was conducted on knowledge about breast feeding advantages among primi pares in Provincial Complex Hospital in Leszno.101 randomly chosen pregnant women in labor were questioned. An anonymous survey was used as an analytic tool. The survey was specifically created for this research and it contained 30 questions. Majority of responders (98%) declared a will for breastfeeding. Also majority of women (94%) knew that their milk contains all the needed ingredients for proper development of their young. According to the pregnant women in labor (98%) breastfeeding is a key element in establishing an emotional connection with the child. Most of the responders knew the influence of breastfeeding on child's health. Minority of the questioned women (14%) attended birthing courses.

The responders were equipped in knowledge on various levels. It proves the necessity of sys- thematic and planned education for women. The system of lactation counseling should be an integral part of post-labor care in obstetrician clinics.

Bellintxon M, etal - (2011) conducted a qualitative study on Initiating breastfeeding: experiences of first-time mother. A qualitative study with a descriptive phenomenological approach was used. Twelve first-time mothers were interviewed in-depth on two occasions: once a few days after childbirth, and another time one month from giving birth. The data were recorded and transcribed verbatim. Giorgio's method was used for the analysis. The essential meaning of the experience undergone by the mothers who took part in this study can be described by the following five themes: an idealization of breastfeeding; uncertainty over the difficulties; a desire for privacy during breastfeeding; shared responsibility with the child for breastfeeding to succeed; and, finally, disruption to the women's lives and changes in their role. This study concluded that allowed access to the experiences of first-time mothers during the establishment of breastfeeding. This information will facilitate the design of tailored interventions taking into account the mothers' reports. Health professionals should: consider women's expectations and how they face their new role, provide practical and emotional support, be consistent and avoid giving conflicting advice, and acknowledge the importance of the fathers' support.

CHAPTER-III

METHODOLOGY

Methodology of research refers to the ways of obtaining, organizing and analyzing data. Methodological studies address in the development validation and evaluation of research tools or methods.

- POLIT AND BECK (2004)

This chapter deals with research approach , research design, settings, population, sample, sampling technique, criteria for sample selection , development and description of the tool, validity and reliability, pilot study, data collection procedure and plan for data analysis.

RESEARCH APPROACH:

"It is the applied form of research that involves finding out how well a program, practice, procedure, or policy is working

The research approach used for this study was Quantitative Educative and evaluative approach.

RESEARCH DESIGN:

"It is the overall plan for addressing a research question, including specifications, for enhancing the integrity of the study".

– POLIT AND BECK (2008)

The research design used for this study was:

- Pre- experimental design – one group pre-test post-test
- Diagrammatic representation of the design,

Pre Experimental Design	O1	x	O2

Key:-

O1 – Assessment of knowledge regarding exclusive breastfeeding among primi mothers attending outpatient department in Sudha hospital at erode.

X- Structure teaching program on exclusive breast feeding.

O2- Assessment of knowledge regarding exclusive breastfeeding among primi mothers attending outpatient department in Sudha hospital at erode.

VARIABLES:

"Variables are the qualities, prosperities or the characteristics of the person, things or situation that change or vary".

– POLIT AND BECK (2008)

Independent Variable:

"It is the variable that stands alive and is not depending on any other". The structure teaching program regarding knowledge on exclusive breastfeeding among primi mothers attending outpatient department in Sudha Hospital at Erode was the independent variable in this study.

Dependent Variable:

"It is the outcome variable of interest. It is the variable that is hypothesized to depend on or caused by the other". The knowledge of primi mothers attending Out Patient department in Sudha hospital at Erode was the dependent variable.

Extraneous Variables:-

Extraneous variables for this study were previous exposure of primi mothers to programmers, seminars regarding exclusive breastfeeding. Extraneous variables also included exposure of primi mothers to situations that demand execution of exclusive breastfeeding.

RESEARCH SETTING:-

The setting is the physical location of the site in which data collection takes place. The study was conducted in outpatient department of Sudha hospital at erode.

POPULATION:-

Defines population as the entire set of individuals having some common characteristics. In this study, population included that al lAntenatal mothers attending Out Patient Department in Sudha hospitals at Erode.

(**POLIT AND HUNGLER, 1999)**

SAMPLE:-

Sample is a subset of population selected to participate in a research study.

(POLIT AND HUNGER, 1999)

The sample for this study was primi mothers attending Out Patient Department in Sudha hospital at Erode.

SAMPLE SIZE:

The samples comprised of 60 primi mothers attending Outpatients Department in Sudha hospital at Erode.

SAMPLING TECHNIQUE:-

Sampling technique used for this study was convenient sampling technique.

CRITERIA FOR SAMPLE COLLECTION

Inclusion criteria

1. Primi mothers who knows Tamil language.
2. Mothers who are willing to participate.
3. Primi mothers' age between 20-30years.
4. Primi mothers at the time of data collection.

Exclusion criteria:

1. Mothers who are affected by systemic diseases like cancer and HIV positive mother.
2. Mentally ill mothers.
3. Mothers those who are taking chronic psychiatric drugs, and mothers under gone thyroid treatments.

DEVELOPMENT OF RESEARCH INSTRUMENT:-

The research instruments should be as fair as possible the vehicles that would be best to obtain data for drawing conclusions, accurately and precisely which are pertinent for the study. The major task for the researcher is to develop instruments accurately and precisely measure the variables of interest.

Questioning allows gathering information or data from a large number of samples, relatively quickly and inexpensively .It avoids interviewer bias, offers anonymity and is cost-effective.

The instruments used in the study were:-

1. Demographic data.
2. Questionnaire related to knowledge of exclusive breast feeding.

DATA COLLECTION METHOD:-

Interview method was used.

DATA COLLECTION INSTRUMENT:-

Structured Interview schedule was prepared by the investigator based on the objectives of the study, after reviewing the literature about exclusive breast feeding.

The following steps were carried out in formulating the tool.

1. Related literature was reviewed.
2. Blue print was prepared.
3. Subject expert were consulted for their valuable suggestion regarding the tool and alterations were made from accordingly.
4. Statistician was consulted for the preparation of the for statistical data analysis.
5. Reliability was checked by doing pilot study.
6. Literature needed for the development of the tool was obtained journals, articles, and research and book studies. The blueprint was prepared to construct the tool, which consisted of questions related to demographic

variables and 30 questions related to knowledge regarding on exclusive breast feeding.

DESCRIPTION OF THE INSTRUMENT:

Structured Interview schedule on exclusive breast feeding consisted of 3 sections.

SECTION-I

Demographic Data:

It included items for obtaining information regarding age, education, Occupation, source of information, type of family.

SECTION-II

PART-A- Questionnaire related to knowledge of exclusive breast feeding.

It consisted of 30 multiple choice questions, divided into areas of exclusive breast feeding.

Scoring:-

Each corrected response given 1 mark and incorrect response was given 0 marks. The maximum possible score was 30.The number of correct responses was calculated out of 30. The level was categorized based on the scores obtained as follows:-

- Adequate knowledge- 24-30
- Moderately adequate knowledge-15-23
- Inadequate knowledge- less than 0-14

TESTING THE INSTRUMENTS:

Content validity:-

The instruments were validated by 5 experts from the field of nursing and Obstetrics and gynecology. The experts suggested addition, deletion of certain items and re-organization were Made and the tool was finalized.

Reliability:-

"The reliability of an instrument is the degree of consistency or dependability with which an instrument measures an attribute**".**

– POLIT AND BECK (2008)

To ensure reliability, of the tool was established using test retest method. The reliability value of the tool is 0.9 so the tool was found to be feasible and reliable.

PILOT STUDY:-

It is a small scale version or trial run of the main study. in order to test the feasibility and relevance of the study , a pilot study was conducted among 6 prime mothers attending outpatient department in Erode G.H, after getting permission from concerned authorities .They were selected by using convenient sampling technique .The structure interview schedule was used to collect the data from primi mothers. Data analysis was done by using differential and inferential statistics. The study reports ensured feasibility of the study.

DATA COLLECTION PROCESS:-

1. The study was conducted Out Patient Department in Sudha hospital at erode.

2. Prior to data collection, permission was obtained from concerned authorities.
3. Primi mothers who fulfilled the criteria were selected by using the convenience sampling technique.
4. The researcher introduced himself to the participation and established rapport with them.
5. The purpose of the study was explained to each study participant.
6. The researcher assured the participants of the study before starting the data collection.
7. Oral consent was obtained from primi mothers attending Out Patient Department in Sudha hospital at Erode.
8. The pre-test was conducted with the help of structured interview schedule. The tool was distributed to the primi mothers.
9. The structure teaching program was administered to primi mothers. All the prim mothers took active participation in the program. The post test was conducted with the help of the same of structured interview schedule.
10. The end of successful data collection, the researcher conveyed thanks to the Doctor for winding up the study.
11. The total duration of the data collection was 4 weeks.

DATA ANALYSIS PLAN:-

Data analysis is the systematic organization and synthesis of research data and testing of null hypotheses by using the obtained data.

(POLIT & BECK, 2004)

The collected data was organized, tabulated and analyzed by using descriptive and interference statistics.

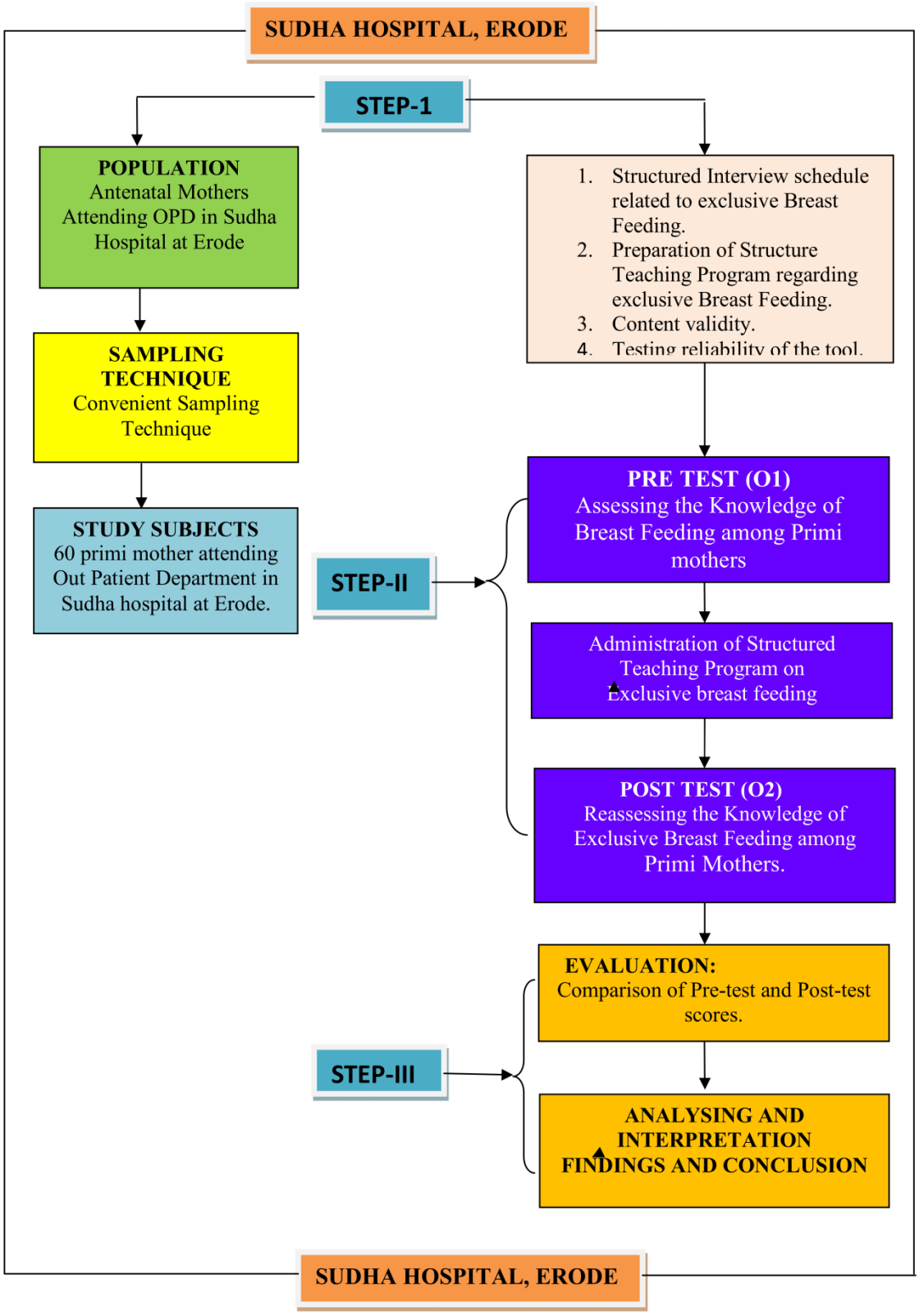
- Frequencies and percentage were used for the analysis of the demographic data.
- Mean score, mean percentage and standard deviation of the difference were used for analyzing the pretest and post –test scores.
- Paired "t" test was used to find out the difference in knowledge between the pretest and post test.
- The chi - square test was used to find out the association between levels of knowledge.

S. No	Data analysis	Method	Purposes
1	Descriptive statistics	Frequencies and percentages mean score, mean percentage and standard deviation of the difference.	For the analysis of the demographic data. For analyzing the pretest and post test score.
2	Inferential statistics	Paired "t" test	To find out the difference in knowledge between the pretest and post test score. To find out the association between level of knowledge in the pretest and demographic variables

ETHICAL CONSIDERATION:-

The study was conducted after the approval got from the principal of the college. Permission was obtained from the Sudha hospital at Erode. Assurance was given to the participants the anonymity of each individual and confidentiality would be maintained through the study.

Figure -2 **SCHEMATIC REPRESENTATION OF RESEARCH DESIGN OF THE STUDY**



CHAPTER-IV

DATA ANALYSIS AND INTERPRETATION

Analysis is a "process of organizing and synthesizing data in such a way that research questions can be answered and hypothesis tested."

(Polit and Hungler-2004)

Analysis enables the researcher to reduce, summarize, organize, evaluate, interpret and communicate numerical information,

(Polit and Hungler-2004)

This chapter highlights the analysis and interpretation of data collected from 60 primi mothers attending Out Patient Departmentin Sudha hospital at Erode in order to evaluate the knowledge regarding exclusive breastfeeding among primi mothers .The data collected from the primi mothers before and after the structured teaching program was organized , analyzed and interpreted by using descriptive &inferential statistics.

The data collected was calculated based on the following objectives of the study:

1. To assess the level of knowledge on Exclusive breast feeding among Primi mothers before and after administration of structured teaching program.
2. To implement and evaluate the effectiveness of the Structured Teaching Programme regarding knowledge on Exclusive breast feeding among Primi mothers.

3. To find out the association between pre-test level of knowledge score on exclusive breast feeding with demographic variables such as age, education, , occupation, source of information, type of family among Primi mothers.

ORGANIZATION OF FINDINGS

The data was organized, analyzed and presented under the following heads.

Section –I Distribution of samples in terms of demographic variables.

Section –II Assessment of Pre-test and Post-test level of knowledge regarding exclusive breast feeding among primi mothers.

Section-III Comparison of Pre-test and Post test score of knowledge regarding exclusive breast feeding among primi mothers.

Section-IV Association between pre-test scores of knowledge regarding exclusive breast feeding among primi mothers with selected demographic variables such as age, education, occupation, source of information, type of family.

SECTION –I

DISTRIBUTION OF SAMPLES IN TERMS OF DEMOGRAPHIC VARIABLES

Table-1: Distribution of Samples in Terms of Demographic Variables

S. NO.	SAMPLE CHARACTERISTICS	PRIMI MOTHERS (N=60)	
		Freq	%
1.	**AGE:-**		
	20 years and below	0	0
	21 – 25 years	33	55
	26 – 30 years	27	45
	Above 30 years	0	0
2.	**EDUCATION:-**		
	No formal education	3	5
	Middle school level	18	30
	High school level	24	40
	Degree	15	25
3.	**OCCUPATION:-**		
	House wife	21	35
	Private sector	26	43
	Government sector	13	22
4.	**SOURCE OF INFORMATION:-**		
	Television	8	13
	Parents	23	38
	Health workers	16	27

	Friends	13	22
5.	**TYPE OF FAMILY:-**		
	Joint family	31	52
	Nuclear family	29	48

The data given in **table – 1**shows that according to **age**, majority 33 primi mothers (55%) belongs to the age group between 21 – 25 years, 27 primi mothers (45%) belongs to the age group between 26 – 30 years, and none of the primi mothers comes under the age group of 20 years and below and above 30 years.

With regarding to **education**, majority 24 primi mothers (40%) were educated up to high school level, 18 primi mothers (30%) were educated up to middle school level, 15 primi mothers (25%) were degree holders and 3 primi mothers (5%) had no formal education.

According to **occupation**, majority 26 primi mothers (43%)were working in private sector, 26 primi mothers (43%) were house wives, 13 primi mothers (22%) were working in government sector.

Regarding the **source of information**, majority 23 primi mothers (38%) got information from their parents were the source of information, for 16 primi mothers (27%) health workers were their source of information, for 13 primi mothers (22%) their friends were their source of information and for 8 primi mothers (13%) television was their source of information.

According to **type of family**, majority shows that majority 31 primi mothers (52%) belongs to joint family and 29 primi mothers (48%) belongs to nuclear family.

Table - 2. Distribution of samples in terms of age

S. NO	SAMPLE CHARACTERISTICS	PRIMI MOTHERS (n=60)	
		Freq	**%**
1.	**AGE**		
	20 years and below	0	0
	21 – 25 years	33	55
	26 – 30 years	27	45
	Above 30 years	0	0

Table – 2 shows that majority of 33 primi mothers (55%) belongs to the age group between 21 – 25 years, 27 primi mothers (45%) belongs to the age group between 26 – 30 years, and none of the primi mothers comes under the age group of 20 years and below and above 30 years.

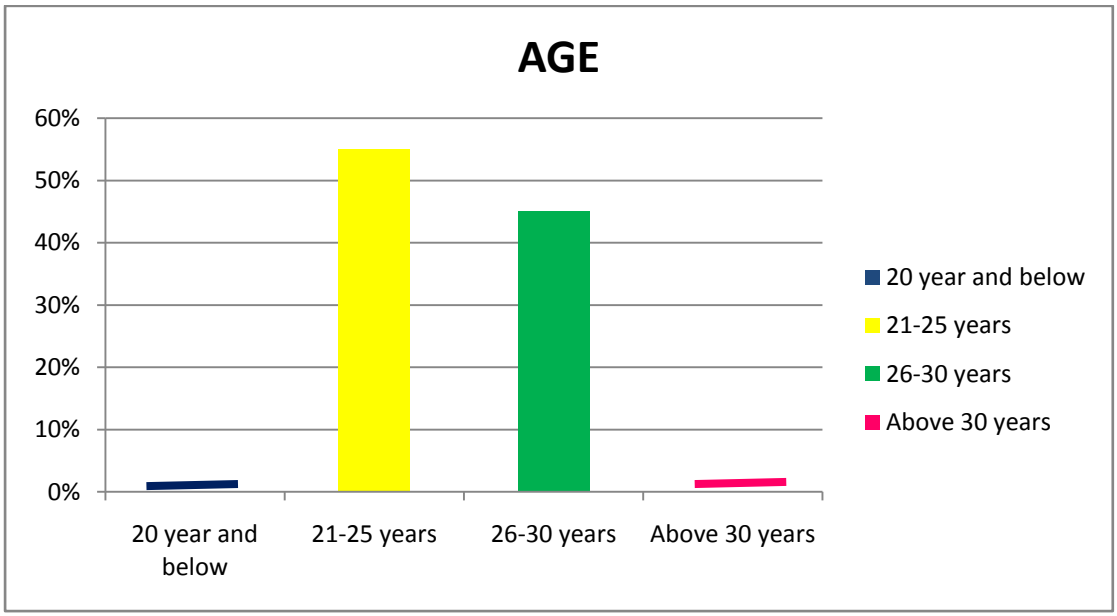


Figure -3.Distribution of samples in terms of age

Table – 3. Distribution of samples in terms of education

S. NO	SAMPLE CHARACTERISTICS	PRIMI MOTHERS (n=30)	
		Freq	%
2.	**EDUCATION:-**		
	No formal education	3	5
	Middle school level	18	30
	High school level	24	40
	Degree	15	25

Table – 3 shows that majority 24 primi mothers 40% were educated up to high school level, 18 primi mothers (30%) were educated up to middle school level, 15 primi mothers 25% were degree holders 3 primi mothers (5%) had no formal education

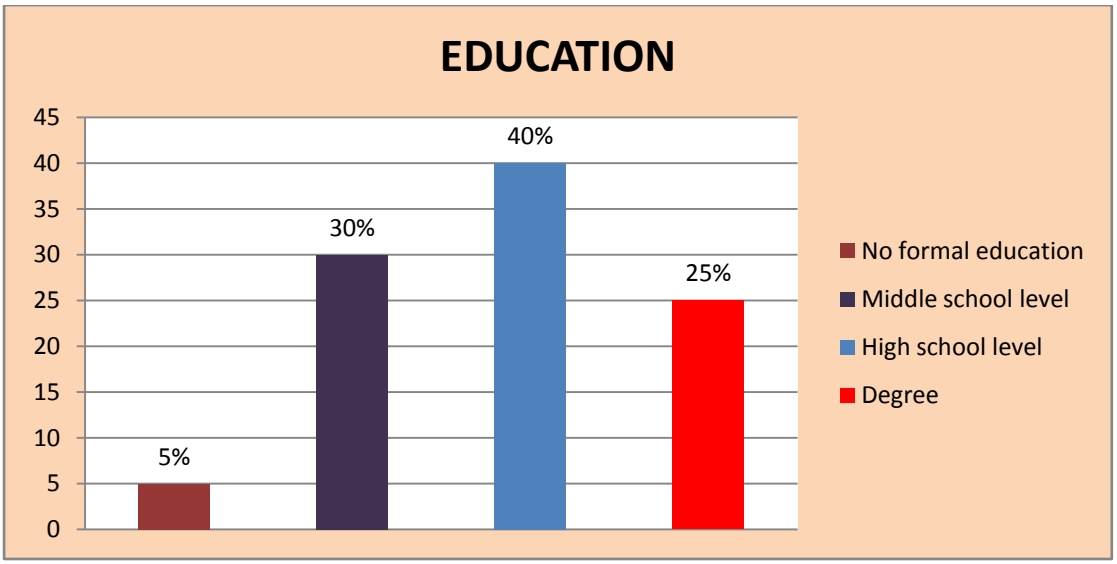


Figure -4.Distribution of samples in terms of Education

Table – 4. Distribution of samples in terms of occupation

S. NO	SAMPLE CHARACTERISTICS	PRIMI MOTHERS (n=30)	
		Freq	**%**
3.	**OCCUPATION:-**		
	Home maker	21	35
	Private sector	26	43
	Government sector	13	22

Table – 4 shows that majority of primi mothers 26 (43%) were working in private sector, 21 (35%) primi mothers were homemakers, 13 (22%) primi mothers were working in government sector.

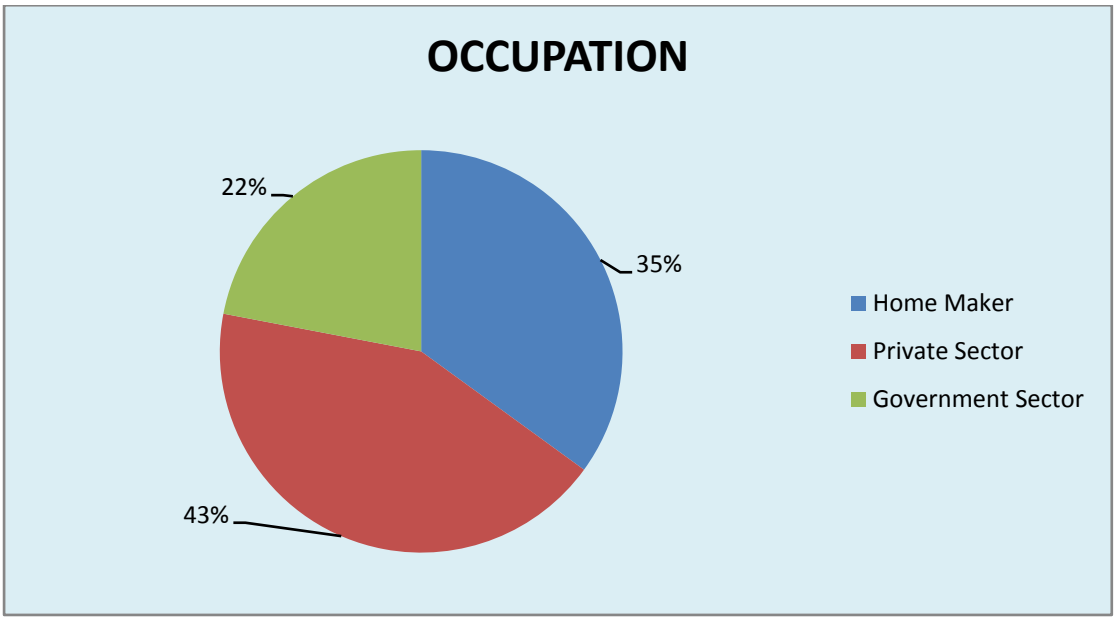


Figure – 5. Distribution of samples in terms of occupation

Table – 5 Distribution of Samples in terms of Source of Information.

S. NO	SAMPLE CHARACTERISTICS	PRIMI MOTHERS (n=30)	
		Freq	%
4.	**SOURCE OF INFORMATION:-**		
	Mass media	8	13
	Parents	23	38
	Health workers	16	27
	Friends	13	22

Table-5 shows that for majority of 23 primi mother (38%)their parents were the source of information, for 16 primi mothers(27%) health workers were their source of information, for 13 primi mothers (22%) their friends were their source of information and for 8 primi mothers(13%) television was their source of information.

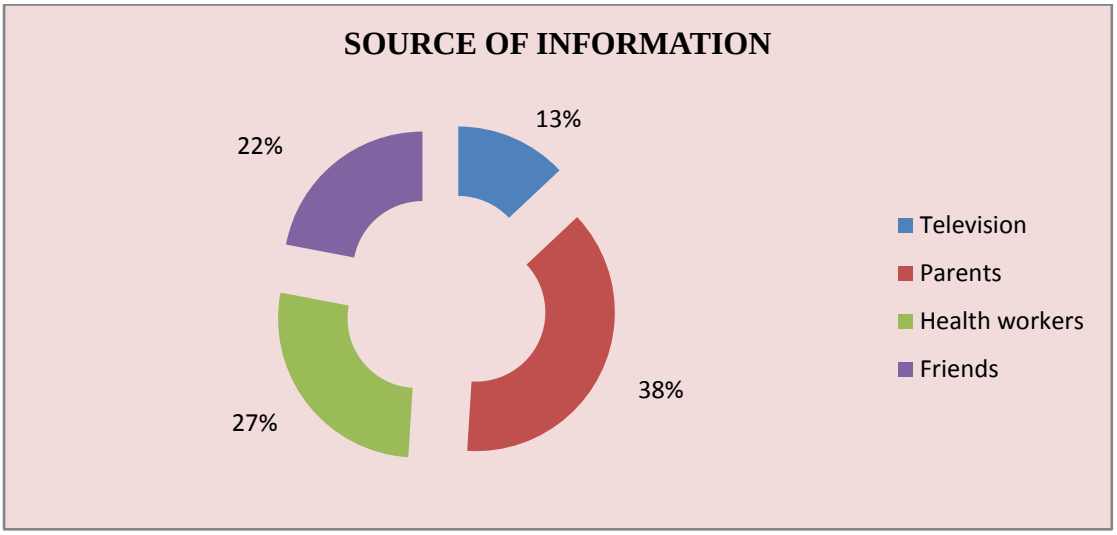


Figure – 6. Distribution of samples in terms of source of information

Table – 6 Distribution of samples in terms of type of family

S. NO	SAMPLE CHARACTERISTICS	PRIMI MOTHERS (n=30)	
		Freq	%
5.	**TYPE OF FAMILY:-**		
	Joint family	31	52
	Nuclear family	29	48

Table – 6 shows that majority of 31 primi mothers (52%) belongs to joint family and 29 primi mothers (48%) belongs to nuclear family.

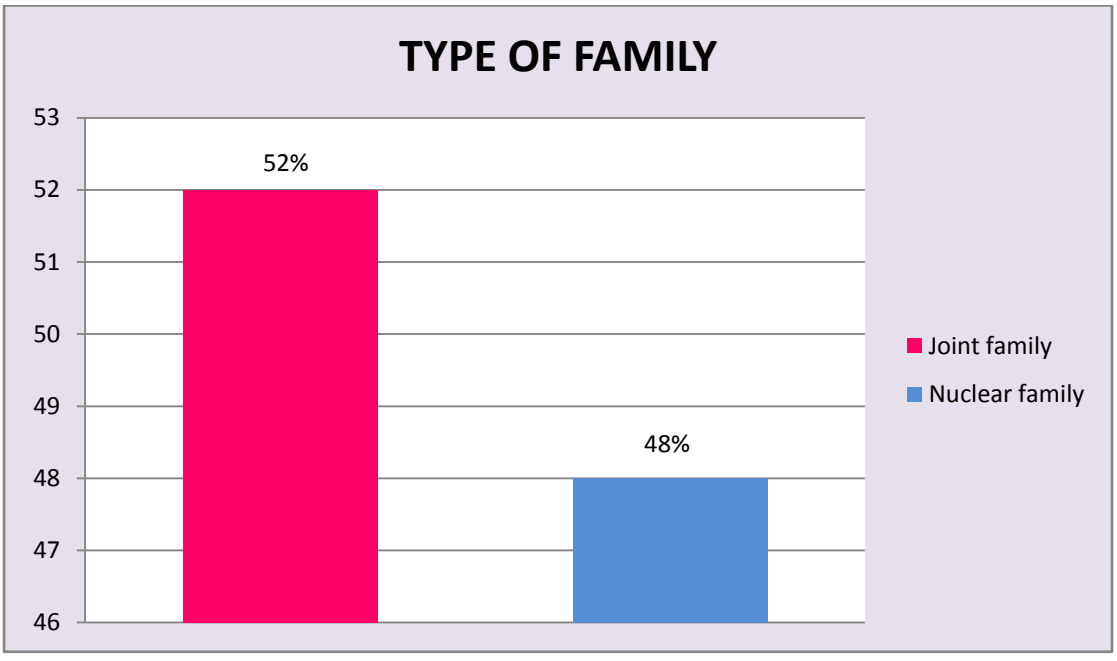


Figure – 7. Distribution of samples in terms of type of family

SECTION –II

ASSESSMENT OF PRE-TEST AND POST-TEST LEVEL OF KNOWLEDGE REGARDING EXCLUSIVE BREAST FEEDING AMONG PRIMI MOTHERS

Table – 7 Pre-test and post-test level of knowledge regarding exclusive breast feeding among primi mothers (n=60)

LEVEL OF KNOWLEDGE	PRE-TEST		POST-TEST	
	Freq	%	Freq	%
Inadequate	41	68	0	0
Moderately adequate knowledge	18	30	8	13
Adequate knowledge	1	2	52	87

The data given in **table – 7** shows the frequency and percentage of scores of pre-test and post-test level of knowledge regarding exclusive breast feeding among primi mothers. In pre-test majority of primi mothers, 41 of them (68%) had inadequate knowledge, 18 of them (30%) had moderately adequate knowledge and only 1 of them (2%) hadadequate knowledge. In post majority of primi mothers, 52 of them (87%) had adequate knowledge, 8 of them (13%) had moderately adequate knowledge and none of them had inadequate knowledge.

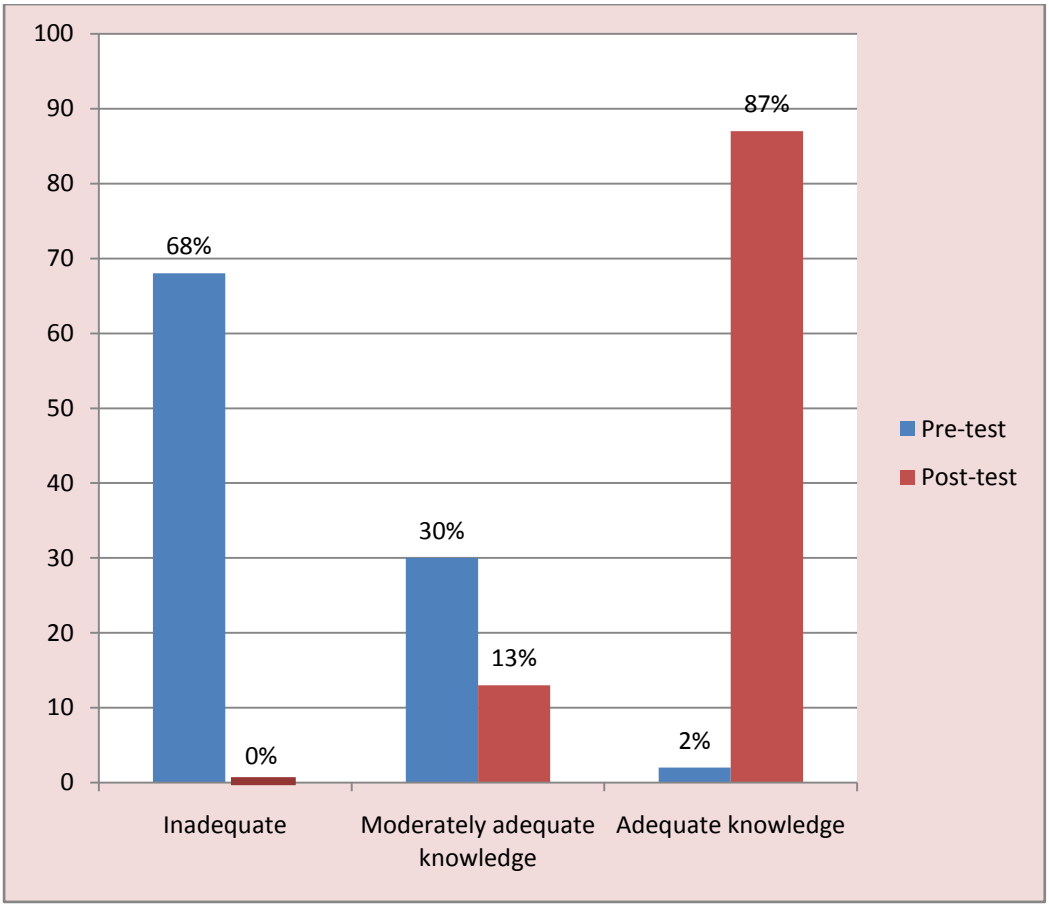


Figure – 8 Pre-test and post-test level of knowledge regarding exclusive breast feeding among primi mothers

SECTION-III

COMPARISON OF PRE TEST AND POST TEST SCORE OF KNOWLEDGE REGARDINGEXCLUSIVE BREAST FEEDING AMONG PRIMI MOTHERS

Table – 8. Comparison of Pre-test and Post-test score of knowledge regarding Exclusive Breast Feeding among Primi Mothers

COMPONENT	OBSERVATION	MEAN	SD	PAIRED 't' VALUE	TABLE VALUE
Knowledge regarding exclusive breast feeding	Pre-test	12.9	4.17	*13.17$_s$	2
	Post-test	25.63	1.92		

S - *Significant at 0.05 level

Table – 8 shows the comparison of pretest and post test score of knowledge regarding Exclusive Breast Feeding among Primi Mothers. The mean pre-test score is 12.9 and mean post-test score **is 25.63.** The paired't' test value was ***13.17** when compared to the table **value (2)** was found to be high and it is significant at **0.05 level.**

Hence there is significance difference between the overall pretest and Post-test knowledge scores among primi mothers that difference is due to the Structured Teaching Programme regarding Exclusive Breast Feeding. This shows that structured teaching Programme regarding exclusive breast feeding significantly increases the knowledge level among the primi mothers.

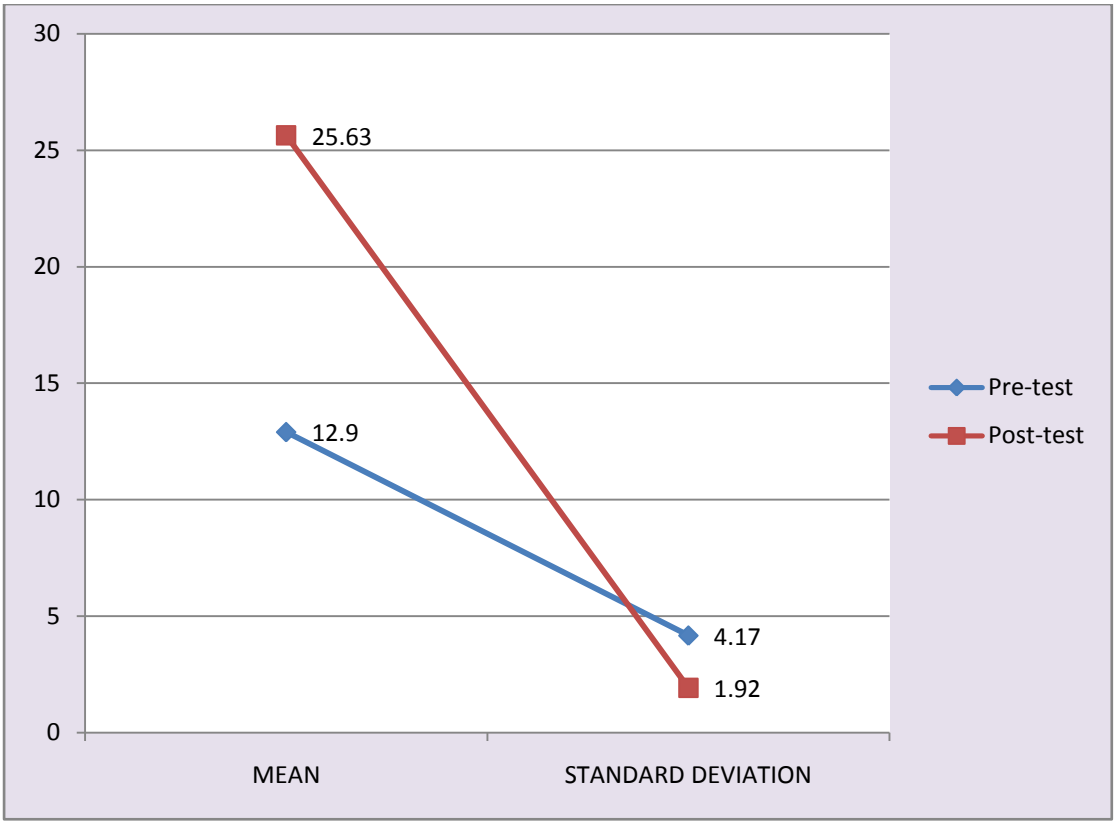


Figure –9 Mean and standard deviation of pre-test and post-test scores of knowledge among primi mothers

SECTION-IV

ASSOCIATION BETWEEN PRE-TEST SCORES OF KNOWLEDGE REGARDING EXCLUSIVE BREAST FEEDING AMONG PRIMI MOTHERS WITH SELECTED DEMOGRAPHIC VARIABLES

Table – 9. Association between Pre-test scores of knowledge regarding Exclusive Breast Feeding among Primi Mothers with selected demographic variables

S. NO.	VARIABLES	Freq	Percentage	df	X^2 (calculated)	X^2 (Table value)
1.	**AGE:-**	**N=60**				
	20 years and below	0	0	6	2.62	12.59
	21 – 25 years	33	55			
	26 – 30 years	27	45			
	Above 30 years	0	0			
2.	**EDUCATION:-**	**N=60**				
	No formal education	3	5	6	***14.32**	12.59
	Middle school level	18	30			
	High school level	24	40			
	Degree	15	25			
3.	**OCCUPATION:-**	**N=60**				
	Home Maker	21	35	6	4.56	12.59
	Private sector	26	43			

	Government sector	13	22			
4.	**SOURCE OF INFORMATION:-**	**N=60**		6	3.63	12.59
	Television	8	13			
	Parents	26	43			
	Health workers	16	27			
	Friends	13	22			
5.	**TYPE OF FAMILY:-**	**N=60**		2	2.43	5.99
	Joint family	31	52			
	Nuclear family	29	48			

***S = Significant at level of 0.05.**

From the Table – 9, it is evident that there is significant association exist between pre-test score of knowledge regarding exclusive breast feeding and selected demographic variable. According to education, $\mathbf{X^2=14.32}$ were as the table value=12.59 is less than the calculated value at P<0.05 level it is evident that there is significant association exist between pretest score of knowledge regarding exclusive breast feeding and education.

There was no significant association between pretest score of knowledge regarding exclusive breast feeding and other demographic variables such as age, education, occupation, source of information and type of family.

CHAPTER – V

DISCUSSION

This chapter deals with the discussion which was based on the findings obtained from statistical analysis and its relation to the objectives of the study, the conceptual frame work and the related literature.

The aim of the study was to assess the effectiveness of structured teaching Programme on knowledge regarding exclusive breast feeding among primi mothers attending Out Patient Department in Sudha hospital at Erode.

SAMPLE CHARACTERISTICS IN PRIMI MOTHERS:

The data given in table -1shows that according to age, majority 33 primi mothers (55%) belongs to the age group between 21 – 25 years, 27 primi mothers (45%) belongs to the age group between 26 – 30 years, and none of the primi mothers comes under the age group of 20 years and below and above 30 years.

With regards to education, majority 24 primi mothers (40%) were educated up to high school level, 18 primi mothers (30%) were educated up to middle school level, 15 primi mothers (25%) were degree holders and 3 primi mothers (5%) had no formal education.

According to occupation, majority 26 primi mothers (43%) were working in private sector, 26 primi mothers (43%) were house wives, 13 primi mothers (22%) were working in government sector.

Regarding the source of information, majority 23 primi mothers (38%) their parents were the source of information, for 16 primi mothers (27%) health workers were their source of information, for 13 primi mothers (22%) their friends were their source of information and for 8 primi mothers (13%) television was their source of information.

According to type of family, majority shows that majority 31 primi mothers (52%) belongs to joint family and 29 primi mothers (48%) belongs to nuclear family.

OBJECTIVES OF THE STUDY:

1. To assess the level of knowledge on Exclusive breast feeding among Primi mothers before and after administration of structured teaching program.
2. To implement and evaluate the effectiveness of the Structured Teaching Programme regarding knowledge on Exclusive breast feeding among Primi mothers.
3. To find out the association between pre-test level of knowledge score on exclusive breast feeding with demographic variables such as age, education, occupation, source of information, type of family among Primi mothers.

The first objective of the study is to assess the knowledge regarding exclusive breastfeeding before and after structured teaching Programme.

The frequency and percentage of scores of pre-test and post-test level of knowledge regarding exclusive breast feeding among primi mothers. In pre-test majority of primi mothers, 41 of them (68%) had inadequate knowledge, 18 of them (30%) had moderately adequate knowledge and only 1 of them (2%) had adequate knowledge. In post-test majority of primi mothers, 52 of them (87%) had adequate knowledge, 8 of

them (13%) had moderately adequate knowledge and none of them had inadequate knowledge regarding Exclusive Breast Feeding.

The second objective is to implement and evaluate the effectiveness of structured teaching program on exclusive breastfeeding among primi mothers attending outpatient department in Sudha hospital at erode.

The mean pre-test score is 12.9 and mean post-test score is 25.63. The paired' test value was *13.17 when compared to the table value (2) is high. This shows that structured teaching Programme regarding exclusive breast feeding significantly increases the knowledge level among the primi mothers.

The third objective is to find out the association between pretest knowledge score and their demographic variables such as age, education, occupation, etc.

Chi-square was calculated to find out the association between pre-test score of primi mothers with their demographic variables such as age, education, occupation, source of information and type of family.

It is evident that there is significant association exist between the pretest score of education (**X^2=14.32**) were as the table value=12.59 are more than the table value at p >0.05 level. This shows that the significant association exists among the education of the primi mother with their knowledge score.

There was no significant association between pretest score of knowledge regarding exclusive breast feeding and other demographic variables like age, education, occupation, source of information and type of family.

CHAPTER – VI

SUMMARY, CONCLUSION, IMPLICATIONS AND RECOMMENDATIONS

This chapter deals with the summary of the study, its findings, conclusion and the implications for nursing administration, the health care delivery system(nursing practice), nursing education and nursing research. This study has been started with a few limitations and ends with suggestions and recommendations for research in future.

SUMMARY:

The present study was undertaken by the researcher with the main purpose to evaluate the effectiveness of structured teaching Programme on knowledge regarding exclusive breast feeding among primi mothers attending in Sudha hospital outpatient department at Erode.

The study was pre-experimental in nature.

OBJECTIVES OF THE STUDY:

4. To assess the level of knowledge on Exclusive breast feeding among Primi mothers before and after administration of structured teaching program.
5. To implement and evaluate the effectiveness of the Structured Teaching Programme regarding knowledge on Exclusive breast feeding among Primi mothers.

6. To find out the association between pre-test level of knowledge score on exclusive breast feeding with demographic variables such as age, age,education,occupation,source of information, type of family.

HYPOTHESES:

- H1: Structured Teaching Programme will be effective in improving knowledge on exclusive breast feeding among primi mothers.
- H2: There will be a significant association between the pre-test knowledge on exclusive breast feeding among primi mothers with selected demographic variables such as age, education, occupation,source of information, type of family.

RESULT AND INTERPRETATION:

- ❖ As per demographic characteristics, majority of33 primi mothers (55%) belongs to the age group between 21 – 25 years, 24 primi mothers (40%) were educated up to high school level, 26 primi mothers (43%) were working in private sector, for 23 primi mothers (38%) their parents were the source of information, and 31 primi mothers (52%) belongs to joint family.
- ❖ The frequency and percentage of scores of pre-test and post-test level of knowledge regarding exclusive breast feeding among primi mothers. In pre-test majority of primi mothers, 41 of them (68%) had inadequate knowledge, 18 of them (30%) had moderately adequate knowledge and only 1 of them (2%) had adequate knowledge. In post test majority of primi mothers, 52 of them (87%) had adequate knowledge, 8 of them (13%) had moderately adequate knowledge and none of had inadequate knowledge.

- The comparison of pre-test and post test score of knowledge regarding exclusive breast feeding among primi mothers. The mean pre-test score is 12.9 and mean post-test score is 25.63. The paired‘t’ test value was *13.17 when compared to the table value (2) is high. This shows that structured teaching programme regarding exclusive breast feeding significantly increases the knowledge level among the primi mothers.
- There is significant association exist between pre-test score of knowledge regarding exclusive breast feeding and selected demographic variable. According to education, $\mathbf{X^2=14.32}$ were as the table value=12.59 is less than the calculated value at P<0.05 level it is evident that there is significant association exist between pre-test score of knowledge regarding exclusive breast feeding and education.
- There was no significant association between pre-test score of knowledge regarding exclusive breast feeding and other demographic variables like age, occupation, source of information and type of family.

NURSING IMPLICATIONS:

The findings of the study have implications related to nursing administration, nursing practice, nursing research and nursing education regarding the increase in the level of knowledge regarding exclusive breast feeding among primi mothers attending Out Patient Department in Sudha Hospital at Erode.

Nursing Education::

The importance of Breast feeding can be reached to the general public only through health team members. Nurses are important part of health team members.

Nursing Administration:

Nursing is an evolving profession to improve the quality of care and practice should be evidence based. The present study showed that there is an effectiveness of structured teaching programme regarding exclusive breast feeding .The administrator can communicate these findings to the primi mother and they can incorporate this method of exclusive breast feeding she can motivate the primi mothers to participate in in-service education program on exclusive breast feeding.

Nursing Practice:

Nurses in the health care setting should possess sound knowledge about exclusive breast feeding to educate the antenatal mother's regarding exclusive breast feeding for better clinical practice.

RECOMMENTATIONS FOR FUTURE RESEARCH:

Based on the findings of the study the following recommendations are mad;

- The study can be replicated using a large sample to validate the findings on generalization.
- A similar study can be conducted by using comparative approach and comparison can be made between nurses with varying qualifications.
- A study can also be done to assess the knowledge, attitude and practice of the primi mothers regarding exclusive breast feeding.
- Study can be done with randomization for better result.

- The study can be conducted among different groups in hospital and community settings.
- The study can be conducted using various research designs.

CONCLUSION

The following conclusions were drawn from the study,

1. There was a significant increase in the post-test level of knowledge regarding exclusive breast feeding when compared to pre-test among the primi mothers.
2. The‘t’ test value obtained was significant at $P<0.05$.
3. The overall comparison between pre-test and post-test was found to be significant at $P<0.05$.
4. There was significant association exist between pre-test score of knowledge regarding exclusive breast feeding and educational status of primi mothers. And there was no significant association between pre-test score of knowledge regarding exclusive breast feeding and other demographic variables like age, occupation, source of information and type of family of primi mother.

Therefore the study can be concluded that the structured teaching Programme significantly increases the knowledge regarding exclusive breast feeding among primi mothers.

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ANNEXURE – A

LETTER REQUESTING PERMISSION FOR CONDUCTING THE FINAL STUDY

NANDHA COLLEGE OF NURSING

(Approved by INC, New Delhi and TNNMC, Chennai
Affiliated to The Tamilnadu Dr. M.G.R. Medical University, Chennai)

Koorapalayam "Pirivu",
Pitchandampalayam Post,
ERODE - 638 052.
TAMILNADU.

Tel : 04294 - 224611, 221405
Fax : 04294 - 224622
Web : www.nandhainstitutions.org
E-mail : nandha_nursing@yahoo.co.in

Prof. R.VASANTHI, M.Sc.(Nur).,
Principal

Date 27.10.2014

To

The Medical Superintendent,
Sudha Hospital,
Erode.

Dear Sir,

Sub : Nandha College of Nursing, Erode – M.Sc. (Nursing) Degree Course – Conducting Research Study – Permission requested – Reg.

* * *

We would like to bring to your kind perusal that we are planned to send our Second year M.Sc.(Nursing) student namely **Ms. C.SHIRLY** to conduct a research study in your esteemed hospital for the month of November 2014 as a part of their curriculum.

We assure that he will not disturb the routine function of the hospital.

Hence, we request you to kindly accord permission to our student for the above said purpose.

This is for your kind perusal and favourable action.

Thanking you,

Yours faithfully,

27/10/14

LETTER GRANTING PERMISSION FOR CONDUCTING THE STUDY

Sudha Hospitals

Complete Health Care for all

181, Perundurai Road, Erode - 638 011
Tel : 0424 - 6454545, 2261353, 2260373 Fax : 2260370
E-mail : sudhahospitalIVF@yahoo.com

Dr. S.DHANABAGYAM, MD., D.G.O.,
Dr. S.PRADEEPA, D.G.O., D.N.B.,(OG), MRCOG

Date: 02.09.2014

To,

The Principal,
Nandha College of Nursing,
Koorapalayam Pirivu,
Erode.

Respected Madam,

With reference to your office letter Mrs. Shirly. C., M.Sc., Nursing student, from Nandha College of Nursing is permitted to do her data collection in Sudha Out Patient Department during the month of November 2014.

Medical Director
Sudha Hospitals
SUDHA HOSPITALS
181, Perundurai Road,
ERODE -11, Tamil Nadu.

ANNEXURE – B

LETTER SEEKING EXPERT OPINION FOR CONTENT VALIDITY OF TOOLS

LETTER SEEKING EXPERT'S OPINION FOR CONTENT VALIDITY OF TOOLS

From:
C. Shirly
M.Sc., Nursing 2nd year,
Nandha college of Nursing,
Erode.

To

_____
_____
_____
_____

Through:
Professor R. Vasanthi,
The Principal,
Nandha College of nursing,
Erode.

SUB : Request expert's opinion on content validity of tool.

Respected Sir/Madam,

I am a final year Master of nursing student in Nandha College of Nursing. I have selected the under mentioned topic for research project to be submitted to the TAMILNADU DR.M.G.R. University Chennai, in partial fulfillment of university requirements for the award of Master of Nursing Degree.

Topic**: A study to assess the effectiveness of Structured Teaching Programme regarding Knowledge on Exclusive Breast Feeding among Primi Mothers attending Out Patient Department in Sudha Hospital at Erode**.

I request you to kindly go through these tool i.e., interview schedule for collecting Demographic data and self structured questionnaire on Exclusive Breast Feeding and give your valuable opinion and comments for any modification and improvement in the tool.

Thanking you,

Date:
Place:
Enclosed:

- Problem statement
- Tool
- Certificate of validation
- Tool validity check list.

Yours sincerely,
C. Shirly

17/7/14

Signature of Principal mam

PRINCIPAL
NANDHA COLLEGE OF NURSING
ERODE.

CONTENT VALIDITY CERTIFICATE

I hereby certify that I have validated the tool of *Mrs.SHIRLY.C,* II year M.Sc [Nursing] student of Nandha College of Nursing, TAMILNADU DR. M.G.R. MEDICAL UNIVERSITY, who has undertaken the dissertation titled as

"A STUDY TO ASSESS THE EFFECTIVENESS OF STRUCRURED TEACHING PROGRAMME REGARDING KNOWLEDGE AND ATTITUDE OF EXCLUSIVE BREASTFEEDING AMONG PRIMI MOTHERS ATTENDING OPD IN SELECTED HOSPITAL AT ERODE"

DHANVANTRI COLLEGE OF NURSING PALLIKKAPALAYAM ERODE

Place: 13/6/2013.
Pallikkapalayam

Date:

C.P. 13/6/2013.

Signature of the Experts

P. Padmavathi, M.Sc(N), Ph.d(N).
Vice-principal,
Dhanvantri CON,
Pallikkapalayam,
Namakkal (Dt) 637303.

CONTENT VALIDITY CERTIFICATE

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Place: Komarapalayam

Date: 19/6/13

19/6/13

Signature of the Experts

ANGU COLLEGE OF NURSING
MGR NAGAR, PALLIPALAYAM ROAD
KOMARAPALAYAM - 638 183
NAMAKKAL DISTRICT

CONTENT VALIDITY CERTIFICATE

I hereby certify that I have validated the tool of *Mrs.SHIRLY.C,* II year M.Sc [Nursing] student of Nandha College of Nursing, TAMILNADU DR. M.G.R. MEDICAL UNIVERSITY, who has undertaken the dissertation titled as

"A STUDY TO ASSESS THE EFFECTIVENESS OF STRUCRURED TEACHING PROGRAMME REGARDING KNOWLEDGE AND ATTITUDE OF EXCLUSIVE BREASTFEEDING AMONG PRIMI MOTHERS ATTENDING OPD IN SELECTED HOSPITAL AT ERODE"

Place:

Date:

Signature of the Experts

Dr. Mrs. Veena Madhankumar M.D.(O.G.)
Consultant Obstetrician & Gynaecologist
Regd. No.: 63868
M.N.P. Nursing Home, Perundurai - 638 052.

CONTENT VALIDITY CERTIFICATE

I hereby certify that I have validated the tool of *Mrs.SHIRLY.C,* II year M.Sc [Nursing] student of Nandha College of Nursing, TAMILNADU DR. M.G.R. MEDICAL UNIVERSITY, who has undertaken the dissertation titled as

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DHANVANTRI COLLEGE OF NURSING

Place: PALAKKAPALAYAM.

Date: 13.6.13.

T. 13/6/13.

Signature of the Experts

MRS. T. JAYADEEPA,
M.Sc.(N),
ASSO. PROFESSOR,
DHANVANTRI COLLEGE OF NURSING,
PALAKKAPALAYAM

CONTENT VALIDITY CERTIFICATE

I hereby certify that I have validated the tool of *Mrs.SHIRLY.C,* II year M.Sc [Nursing] student of Nandha College of Nursing, TAMILNADU DR. M.G.R. MEDICAL UNIVERSITY, who has undertaken the dissertation titled as

"A STUDY TO ASSESS THE EFFECTIVENESS OF STRUCRURED TEACHING PROGRAMME REGARDING KNOWLEDGE AND ATTITUDE OF EXCLUSIVE BREASTFEEDING AMONG PRIMI MOTHERS ATTENDING OPD IN SELECTED HOSPITAL AT ERODE"

Place: Erode

Date: 7/6/13

Signature of the Experts

(K. DHANAPAL)

Professor of Statistics.

ANNEXURE – C

EDITOR'S CERTIFICATES

CERTIFICATE BY THE EDITOR

This is to certify that the dissertation entitled "A STUDY TO ASSESS THE EFFECTIVENESS OF STRUCTURED TEACHING PROGRAMME REGARDING KNOWLEDGE ON EXCLUSIVE BREAST FEEDING AMONG PRIMY MOTHERS ATTENDING OUTPATIENT DEPARTMENT IN SUDHA HOSPITAL, AT ERODE" is a bonafide research work by Mrs. Shirly.C. II year M.Sc. (Nursing) student of Nandha College of Nursing, 29/4 Koorapalayam Pirivu, Pichandampalayam Post, Erode District. Edited the tool in tamil on behalf of the partial fulfillment of the prerequisite for the degree of Master of Science in Nursing (Obstetrics and Gynecological Nursing).

Signature of the editor:

Name: K. VIJAYALAKSHMI., M.A., B.Ed.,

Designation: Teacher

Date: 09-09-2014

Seventh - Day Adventist
Matriculation High School
PATTAKKARAR THOTTAM
ERODE - 638 001.

CERTIFICATE BY THE EDITOR

This is to certify that the dissertation entitled "A STUDY TO ASSESS THE EFFECTIVENESS OF STRUCTURED TEACHING PROGRAMME REGARDING KNOWLEDGE ON EXCLUSIVE BREAST FEEDING AMONG PRIMY MOTHERS ATTENDING OUTPATIENT DEPARTMENT IN SUDHA HOSPITAL, AT ERODE" is a bonafide research work by Mrs. Shirly.C. II year M.Sc. (Nursing) student of Nandha College of Nursing, 29/4 Koorapalayam Pirivu, Pichandampalayam Post, Erode District. Edited the manuscript on behalf of the partial fulfillment of the prerequisite for the degree of Master of Science in Nursing (Obstetrics and Gynecological Nursing).

Signature of the editor: E.V.R.Thenarasi

Name: E.V.R. THENARASI. M.A. B.Ed.

Designation: Teacher.

Date: 11.02.2015.

Seventh - Day Adventist
Matriculation High School
PATTAKKARAR THOTTAM
ERODE - 638 001.

ANNEXURE – D

STRUCTURED INTERVIEW SCHEDULE

PART – A DEMOGRAPHIC VARIABLES

1. ` Age of the mothers----------

a) 20 years and below b) 21-25 years

c) 26-30 years d) Above 30 years

2. Education of the mothers----------

a) No formal education b) Middle school level

c) High school level d) Degree

3. Occupation of the mothers----------

a) Home maker b) Private sector

c) Government sector

4. Source of information of the mothers----------

a) Television b) Parents

c) Health workers d) Friends

5. Type of family----------

a) Joint family b) Nuclear family

PART – B

KNOWLEDGE QUESTIONNAIRE

1. Which is best method of feeding?

a) Bottle feed b) Breast feed

c) Spoon feed d) Baladai

2. When to start breastfeeding for the baby after delivery?

a) After 30 minutes b) After 5-6 hours

c) 2-3 hrs after delivery d) after one day

3. What is colostrum?

a) First breast milk b) exclusive breast milk

c) secretes after 5 days d) Secretes after 2 weeks

4. Why colostrums is needed for the baby?

a) To maintain immunity b) To promote growth of the baby

c) As a food d) since baby is in demand

5. What is the colour of colostrum?

a) Lemon yellow b) Red

c) Black d) Green

6. Which food is best for newborn baby?

a) Breast Milk b) cow's milk

c) Artificial Food d) Home made milk

7. What is the best position for mother while feeding?

a) Side lying b) sitting position

c) Standing position d) prone position

8. What is the benefit for lactation mother?

a) Increase the body weight b)Natural contraception

c) Reduce infection d) Promote sleep

9. How long breast feeding should be continued?

a) Up to 1 year b) 1-1 ½ years

c) 1 ½ -2 year d) >2 years

10. How long the exclusive breast milk can be give?

a) First 6 months b) First 2-3 months

c) First 8 months d) Up to 1 year

11. What is the interval for each breastfeeding?

a) 5-10 minutes b) 10-15 minutes

c) 20-30 minutes d) 30-50 minutes

12. How many times breast feeding can be given during day time?

a) 4 times b) 6 times

c) 10 times d) 12 times

13. How much is the stomach capacity of the new born?

a) 30 ml b) 40-60 ml

c) 10 ml d) 50 ml

14. What type of nutrition is best for lactating mothers?

a) Protein rich diet b) Iron rich diet

c) Caloric rich diet d) calcium rich diet

15. What is the outcome of breast feeding?

a) Malnourished baby b) Healthy baby

c) Unhealthy baby d) diseased baby

16. What is the nutrition present in breast milk?

a) Vitamins b) Minerals

c) Protein and fat d) Protein, fat and vitamin

17. What are the measures taken before giving breastfeeding?

a) Wash the breast with water

b) Wash with soap & solutions

c) Not to clear

d) Expose the nipples to air on sunrise

18. What is the colour of stool during exclusive breastfeeding?

a) Green colored b) Shaw colored

c) Golden yellow colored d) Brown colored

19. How many times the baby passes urine during exclusive breastfeeding?

a) 4-6 times b) 2-3 times

c) 5-7 times d) 6-8 times

20. What is the method to improve secretion of breast milk?

a) 1 cup of milk or juice or any liquid food should be taken before breast Feeding

b) Keep the breast clean

c) Walking for a long time

d) Taking healthy food

21. What is the advantage of exclusive breast feeding to the baby?

a) Protect the baby from infection b) Produce infection

c) Reduce the weight of the baby d) to increase thrust

22 .What is the risk of exclusive bottle feeding?

a) Childhood obesity b) ulcerative colitis

c) Vomiting d) all of the above

23. Why we have to break the wind in the middle of the feed?

a) To promote the sleep b) to take more food

c)To prevent vomiting d) to increase the weight

.

24. What will you do after feeding the baby?

a) Do burping b) Give bath

c) Make to sleep d) Cradle the baby.

.25.How to prepare the mother for breast feeding?

a) Clean the breast before and after the feed b) change the cloth

c) Mummify the baby. d) Clean the baby.

26. How to reduce the breast enlargement of the mother?

a) Proper feeding b) Irregular feeding

c) Clean the breast d) covering the breast.

27. Why the mother should be washing the breast before the feeding?

a) To prevent oral infection b) To produce more milk

c) To prevent vomiting d) To clean the breast

28) Which position is best for caesarean delivery mother to feeding?

a) Sitting position b) Standing position

c) Side lying position d) Lying position

29. Which milk is satiety to the infant?

a) Fore milk b) Hind milk

c) Cow milk d) All of the above

30. Which baby's are less chance to get infection?

a) Cow milk babies b) powder milk babies

c) Exclusive breast milk babies d) buffalo milk babies

ANNEXURE – E

STRUCTURED INTERVIEW SCHEDULE AND QUESTIONNAIRES

(TAMIL VERSION)

1. எந்த முறையில் பாலூாட்டுவது சிறந்தது?

   அ. புட்டிபால் ஆ. தாய்ப்பால்

   இ. கரண்டியில் கொடுத்தல் ஈ. பாலாடை

2. பிறந்த குழந்தைக்கு எப்பொழுது தாய்ப்பால் கொடுக்க வேண்டும்?

   அ. பிறந்த 30 நிமிடங்கள் ஆ. 5-6 மணி நேரத்திற்கு பிறகு

   இ. 2-3 மணி நேரத்திற்கு பிறகு ஈ. பிறந்த ஒரு நாளுக்கு பிறகு

3. சீம்பால் என்றால் என்ன?

   அ. முதலில் சுரக்கும் பால் ஆ. தாய்பால் மட்டும்

   இ. 5 நாட்களுக்கு பிறகு ஈ. 2 வாரத்திற்கு பிறகு சுரக்கும் பால்

4. ஏன் குழந்தைக்கு சீம்பால் கொடுக்க வேண்டும்?

   அ. சீரான நோய் எதிர்ப்புக்காக ஆ. குழந்தையின் வளர்ச்சி அதிகரிக்க

   இ. உணவுக்காக ஈ. குழைந்தையின் தேவைக்காக

5. சீம்பாலின் நிறம் என்ன?

   அ. எலுமிச்சைப் பழ நிறம் ஆ. சிகப்பு

   இ. கருப்பு ஈ. பச்சை

6. பிறந்த குழந்தைக்க ஏற்ற சிறந்த உணவு எது?

   அ. தாய்பால் ஆ. பசும்பால்

   இ. செயற்கை உணவு ஈ. வீட்டில் தயாரிக்கும் உணவு

7. எந்த நிலையில் தாய் குழந்தைக்கு பாலூாட்ட வேண்டும்?

   அ. சாய்வாக படுத்து ஆ. அமர்ந்து கொடுத்தல்

   இ. நின்ற நிலையில் ஈ. கமர்ந்து படுத்து

8. தாய்பால் கொடுப்பதால் தாயிக்கு ஏற்படும் நன்மை என்ன?

அ. எடை அதிகரித்தல் ஆ. இயற்கை கருத்தடை

இ. தொற்று நோய்கள் குறையும் ஈ. தூக்கத்தை அதிகரிக்கும்

9. எவ்வளவு காலம் வரை குழந்தைக்கு தாய்பால் கொடுக்கலாம்?

அ. 1 வருடம் வரை ஆ. 1-1 ½ வருடங்கள்

இ. 1 ½ -2 வருடம் வரை ஈ. 2 வயதிற்கு மேல்

10. எத்தனை மாதங்கள் வரை தாய்பால் மட்டும் கொடுக்கலாம்?

அ. முதல் 6 மாதங்கள் ஆ. முதல் 2-3 மாதங்கள்

இ. முதல் 8 மாதங்கள் ஈ. 1 வயது வரை

11. ஒவ்வொரு முறை தாய்பால் கொடுக்கும் போது எவ்வளவு நேரம் இடைவெளி விட வேண்டும்?

அ. 5- 10 நிமிடங்கள் ஆ. 10- 15 நிமிடங்கள்

இ. 20-30 நிமிடங்கள் ஈ. 30- 50 நிமிடங்கள்

12. எத்தனை முறை பகலில் பால் கொடுக்க வேண்டும்?

அ. 4 முறை ஆ. 6 முறை

இ. 10 முறை ஈ. 12 முறை

13. பிறந்த குழந்தையில் வயிற்கு கொள்ளவு எவ்வளவு?

அ. 30 Ml ஆ. 40-60 Ml இ. 10 Ml ஈ. 50 Ml

14. பாலூட்டும் தாயிக்கு ஏற்ற உணவுவகை எது?

அ. புரதச் சத்து உணவு ஆ. இரும்பு சத்து உணவு

இ. கால்சியம் சத்து உணவு ஈ. காலோலி மிக்க உணவு

15. தாய்பால் கொடுப்பதால் ஏற்படும் விளைவுகள் என்ன?

அ. ஊட்டசத்து ஆ. ஆரோக்கியமான குழந்தை

இ. ஆரோக்கியமற்ற குழந்தை ஈ. நோய் வாய்ப்பட்ட குழந்தை

16. தாய்ப்பாலில் உள்ள சத்துப் பொருட்கள் யாவை?

அ. வைட்டமின் ஆ. தாதுக்கள்

இ. புரங்கள் கொழுப்பு ஈ. நோய்வாய்ப்பட்ட குழந்தை

17. பால் கொடுக்கும் முன் தாய் மேற்கொள்ள வேண்டிய நடவடிக்கை யாவை?

அ. மார்பகங்களை நீரில் கழுவ வேண்டும்

ஆ. சோப்பு திரவத்தில் கழுவ வேண்டும்

இ. சுத்தம் செய்ய தேவையில்லை

ஈ. மார்பகங்களை சூரிய உளியும் காற்றும் படும்படியாக வைக்க வேண்டும்.

18. தாய்பால் குடிக்கும் குழந்தையின் மலம் எந்த நிறத்தில் இருக்கும்?

அ. பச்சை நிறம் ஆ. வைக்கோல் நிறம்

இ. தங்க நிறம் ஈ. கருப்பு நிறம்

19. தாய்பால் குடிக்கும் குழந்தை எத்தனை முறை சிறுநீர் கழிக்கும்?

அ. 4-6 முறை ஆ. 2-3 முறை

இ. 5-7 முறை ஈ. 6-8 முறை

20. தாய்பால் அதிகமாக சுரப்பதற்குரிய வழிமுறைகள் யாவை?

அ. பால் அல்லது பழரசம் குடித்தல்

ஆ. மார்பகங்களை தூய்மையாக வைத்தல்

இ. நீண்ட நேரம் நடத்தல்

ஈ. சத்தான உணவை உட்கொள்ளல்

21. தாய் பால் குடிப்பதால் குழந்தைக்கு ஏற்படும் நன்மை என்ன?

அ. நோயிலிருந்து பாதுகாப்பு ஆ. தொற்று நோய்களை

இ. எடையை குறைக்கும் ஈ. தாகத்தை அதிகரிக்கும்

22. பாட்டில் பால் குடிப்பதால் வரும் தீமைகள் என்ன?

அ. எடை அதிகரித்தல் ஆ. வயிற்று கோளாறு

இ. வாந்தி ஈ. மேலுள்ள அனைத்தும்

23. ஏன் குழந்தை பால் குடிக்கும் போது காற்றை வெளியேற்ற வேண்டும்?

அ. தூக்கத்தை அதிகரிக்க வேண்டி ஆ. அதிக பால் குடிக்க வேண்டி

இ. வாந்தியை தடுக்கும் ஈ. எடையை அதிகரிக்கும்

24. பாலூட்டியபின் என்ன செய்ய வேண்டும்?

அ. காற்றை வெளியேற்ற வேண்டும் ஆ. குளிப்பாட்டுதல்

இ. தூங்க வைத்தல் ஈ. தொட்டிலில் போட வேண்டும்

25. பாலூட்டும் தாய் என்ன செய்ய வேண்டும்?

அ. பால் கொடுக்கும் முன்னும் பின்னும் மார்பகத்தை சுத்தம் செய்ய வேண்டும்.

ஆ. சுத்தமான ஆடைகளை அணிய வேண்டும்

இ. குழந்தையை சுத்தமாக வைத்துக்கொள்ள வேண்டும்

ஈ. குழந்தையை பொதிந்து வைக்க வேண்டும்

26. தாயின் மார்பத்தில் ஏற்படும் வீக்கத்தை எப்படி குறைக்கலாம்?

அ. முறையான பாலூட்டுதலால் ஆ. முறையற்ற பாலூட்டுதல்

இ. சுத்தமாக வைப்பதால் ஈ. பொதிந்து வைப்பதால்

27. ஏன் தாய் பாலூட்டும் முன் மார்பகத்தை சுத்தம் செய்ய வேண்டும்?

அ. வாய் தொற்றுநோய்களை தடுப்பதற்கு ஆ. அதிக பால் சுரப்பதற்கு

இ. வாந்தியை தடுப்பதற்கு ஈ. மார்பகத்தை சுத்தம் செய்ய

28. அறுவைசிகிச்சைக்கு பிள் தாய் எந்த முறையில் பால் கொடுப்பது சிறந்தது?

அ. அமர்ந்து கொடுத்தல் ஆ. நின்று கொடுத்தல்

இ. சாய்வாக கொடுத்தல் ஈ. படுத்து நிலையில்

29. ஏந்த பால் குழந்தைக்கு திருப்தியானது?

அ. முதலில் வரும் பால் ஆ. இடையில் வரும் பால்

இ. பசும்பால் ஈ. எல்லாம்

30. ஏந்த வகையான குழந்தைக்கு நோய் அதிகம் வருவதில்லை?

அ. பசும்பால் குடிக்கும் குழந்தைக்கு நோய் அதிகம் வருவதில்லை

ஆ. செயற்கை முறையில்

இ. தாய்பால் ஈ. எருமைபால்

ANNEXURE - F

CONTENT ON EXCLUSIVE BREAST FEEDING

(In English)

DEFINITION:

Exclusive breast feeding means giving nothing orally other than colostrum and breast milk.

- Medicines and vitamins are allowed.
- Exclusive breast feeding should be given up to first 6 months of age.
- The first lemon yellow colour breast milk is called colostrum. It helps to maintain the immunity of the baby.

ADVANTAGES OF BREAST FEEDING:

FOR BABY:

- Breast feed is best food with easy digestion and low osmotic load.
- Breast feeding is always available food to the new born at body temperature.
- It protects the baby from infection like vomiting, diarrhea.
- It protects the baby from sore buttocks, allergy, respiratory infection.
- The stools of breastfed babies are mild-smelling.
- SIDS (Sudden Infant Death Syndrome) is less common in breastfed babies.
- Breast milk is constantly changing in its composition to meet the changing needs of the baby. It has the exact combination of protein, fats, vitamins, minerals, enzymes, and sugars needed for the human infant at various stages of his growth.
- IQ levels are an average of 8 points higher in children who were breastfed

FOR MOTHER:

- Breast feeding acts as a natural contraception to the mother.
- It helps the mothers involution of the uterus.
- It helps to psychological benefit of the mother child bonding.
- The return of fertility is decayed with breastfeeding.
- Breastfeeding is more economical than formula feeding.
- Osteoporosis and cervical cancer are less common in women who are breastfed.

RISKS OF EXCLUSIVE ARTIFICIAL FEEDING.

- Sudden infant death,- check with advantages
- Child hood obesity
- Ulcerative colitis
- Atopic dermatitis
- Reduced intelligence(IQ).
- Type 1 diabetes
- Crohn's disease.

BREAST FEEDING

Making the decision to breastfeed is a very personal matter. It's also one that's very likely to elicit strong opinions from friends and family. Many medical authorities, including the American Academy of Paediatrics (AAP) and the American College of Obstetricians and Gynaecologists, strongly recommend breastfeeding.

BENEFITS OF BREASTFEEDING FOR BABY

Breast milk provides the ideal nutrition for infants. It has the perfect mix of vitamins, protein, and fat -- everything your infant needs to grow. And it's all provided in a form more easily digested than infant formula. Breast milk contains antibodies that help your baby fight off viruses and bacteria. Breastfeeding reduces your baby's risk of having asthma or allergies. Babies who are breastfed exclusively for the first six months, without any formula, have fewer ear infections, respiratory illnesses, and bouts of diarrhoea. They also have fewer hospitalizations and trips to the doctor.

Breastfeeding has been linked to higher IQ scores in later childhood in some studies. The physical closeness, skin-to-skin touching, and eye contact all help your baby bond with you and feel secure. Breastfed infants are more likely to gain the right amount of weight as they grow rather than to become overweight children. The AAP says breastfeeding plays a role in the prevention of SIDS (sudden infant death syndrome). It's been thought to lower the risk of diabetes, obesity, and certain cancers as well but more research is needed to confirm these findings.

BREASTFEEDING BENEFITS FOR THE MOTHER

Breastfeeding burns extra calories, so it can help you lose pregnancy weight faster. It releases the hormone oxytocin, which helps your uterus return to its pre-

pregnancy size and may reduce uterine bleeding after birth. Breastfeeding lowers your risk of breast and ovarian cancer. It may also lower your risk of osteoporosis.

Since you don't have to buy and measure formula, sterilize nipples, or warm bottles, breastfeeding saves you time and money. Deciding to breastfeed provides you with regular time for relaxing quietly with new born as grow close and emotionally bond.

BREAST FEEDING POSITION

1. Side lying position is best for mothers under gone Cesarean and painful perineum tear.

2.The best position for feeding is sitting Position.

Side-lying position

DURATION OF BREAST FEED:

- The feeding interval for each breast is 20-30minutes.
- Exclusive breast feeding can be given for first 6 months.
- We can feed 6 time per day because the infant stomach capacity is 30ml.
- Exclusive breast feeding babies passes urine 5-7times
- Exclusive breast feeding babies pass golden yellow color stool.

BASIC FEEDING ROTINE:

- 
- FEEDING IN RIGHT BREAST BRURPING AFTER FEEDING FEEDING LEFT BREAST

BREAKING THE WIND:

- All babies swallow varied amount of air during sucking .To break up the wind the baby should be held upright against the chest the back is gently patted till the baby belches out the air.
- It in better to break up the wind in the middle of sucking so as to make the stomach empty enabling the baby to take more food and at the end of sucking to prevent hiccough and abdominal colic.

PREPARATION OF MOTHER FOR FEEDING:

- Wash the breast and hands with water before and after the feeding.
- Mother and the should be in a comfortable position.
- Sitting position, cradle position, football methods are common to feed.
- A clean, safe supporting brassiere should be worm.

TECHNIQUES:

- Good attachment is the infant mouth is wide open and chin touches the breast.

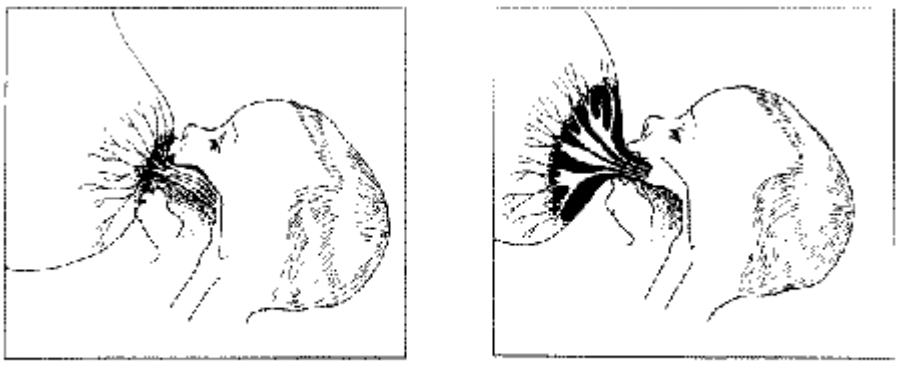
- The mother should guide the nipple and areola into the baby's mouth for effective milk transfer.
- Feeding in the sitting position the mother hold the baby in an inclined upright position on her lap.

ATTACHMENT:

- Head on her forearm on the same side close to her breast the neck is slightly extended.
- Feeding in lateral position following caesarean delivery or with painful perineum is carried by placing the baby along her side between the trunk and the arm.
- Baby sucks the areola and the nipple holding between the tongue and the palate.

GOOD POOR

Good (left) and poor (right) attachment of infant to the mother's breast



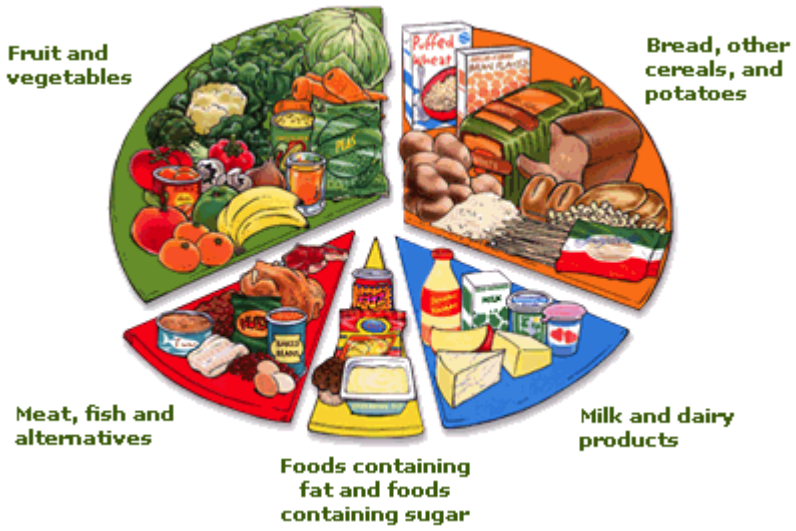
Good (left) and poor (right) attachment - cross sectional view of the breast and baby

PREPARATION OF MOTHER FOR FEEDING:

- Wash the breast and hands with water before and after the feeding.
- Mother and the should be in a comfortable position.
- Sitting position, cradle position, football methods are common to feed.
- A clean, safe supporting brassiere should be worm.

METERNAL NUTRITION DURING LACTATION:

- Mother should be take high caloric rich diet like fruits and vegetables.
- 1cup of milk or juice or any liquid food should be taken before breast feeding.



CONTRAINDICATIONS:

METERNAL:

- Chronic diseases such as active tuberculosis.

- Heart diseases.
- Leprosy.
- AIDS.
- Psychosis

NEONATAL:

- Severe degree of cleft palate.
- Asphyxia and intracranial stress.
- Low birth weight baby

DRUGS:

Few drugs are absolutely contraindicated these are:

- Chloramphenicol.
- Radioactive materials.
- Atropine.
- Mother having high doses of Anti thyroid, antiepileptic, antipsychotics, and anticancer drugs.

CONTENT ON EXCLUSIVE BREAST FEEDING

(In Tamil)

தாய் பாலின் தனிச்சிறப்புகள்

முன்னுரை:தாய்பால் என்பது தாயின் மார்பிலிருந்து சுரக்கும் பால்

வரையறை:தாய்பால் என்பது சீம்பால் மற்றும் தாய்பால் மட்டும் கொடுப்பது

குறிப்பு:

மருந்துகள் கொடுக்கலாம்.முதல் 6 மாதங்கள் தாய்பால் மட்டும் கொடுக்க வேண்டும்.

சீம்பால் என்பது முதலில் சுரக்கும் பால்.இது எலமிச்சைப் பழநிறத்தில் இருக்கும் .நோய் எதிர்பு தன்மையுடையது.

நன்மைகள்:

குழந்தைக்கான நன்மைகள்:

1 .எல்லாவகையான சத்துப்பொருட்களும் தாய்பாலில் உள்ளது

அவையாவன:புரதம் கொளுப்பு வைட்டமின்கள் தாதுப்புகள்.

2. நோய் எதிர்பு தன்மையுடையது.

3. எளிதாக கிடைப்பது.

4. இது எளிதாக ஜீரணிக்கும் தன்மையுடையது.வாந்தி பேதியை

தடுக்கும்.

5. இறப்பு விகிதத்தை குறைக்கும்.

6. அறிவு திறனை பெருக்கும்

தாயிக்கான நன்மைகள்:

1. இயற்கையான கருத்தடையை உருவாக்கும்.

2. கருப்பை சுருங்க உதவும்.

3. தாய் சேய் உறவை அதிகரிக்கும்.

4. செலவை குறைக்கும்.

5. மார்பக மற்றும் .கருப்பை புற்றுநோயைத் தடுக்கும்.

6. .உடல் எடையை குறைக்கும்.

குறிப்பு:

- தாய் பால் மட்டும் குடிக்கும் குழந்தைகள் 5-7முறை சிறுநீர் களிக்கும் தங்க நிற மலம் களிக்கும்.

- தாய் பால் குடிக்கும் குழந்தைகள் அதிகளவு காற்றை உட்கொள்ளும் முதுகை தட்டுவதால் இது வெளிவரும். இதனால் அதிகமான பாலை குடிக்க முடிகிறது. .வாந்தியை தடுக்கும்.
- பால் கொடுப்பதால் தாயின் அழகு குறைவதில்லை.
- குழந்தையின் வயிற்றின் கொள்ளளவு 30மி.லி

தாய்பால்˙ கொடுக்கும் முறை:

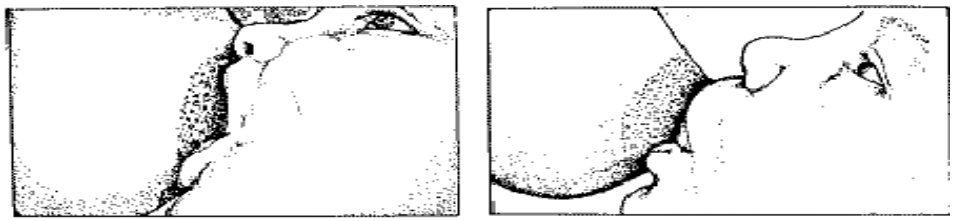
வலது மார்பகம் முதுகை தட்ட வேண்டும் இடது மார்பகம்.

- அறுவை சிகிச்சை செய்த தாய்மர்கள் சரிந்து படுத்த நிலையில் தாய் பால் கொடுக்கலாம்.
- அமர்ந்த நிலையில் பால் கொடுப்பது சிறந்தது.

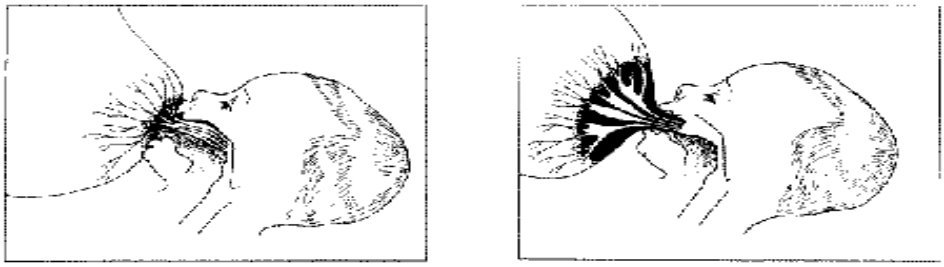
தாய் பின்பற்ற வேண்டியவை:

- மார்பகங்களை தூய்மையாக வைக்க வேண்டும்.
- ஓவ்வொரு மார்பகத்தலும் 20-30 நிமிடங்கள் தாய்பால் கொடுக்க வேண்டும்.
- ஒரு நாள் 6 முறையாவது தாய் பால் கொடுக்க வேண்டும்.
- முதல 6 மாதங்கள் வரை˙ தாய் பால் மட்டும் கொடுக்க வேண்டும.

- தாய் சத்தான உணவை சாப்பிட வேண்டும்.(கலோரி மிக்க).
- தாய் பால் கொடுக்கும் முன்பு 1குவளை (கப்பு)பால் அல்லது பழரசம் குடிக்க வேண்டும்.
- தாய் பால் குடிக்கும்போது தாய் சேய் உறவு அதிகரிக்கும்.
- பால் குடிக்கும்போது தாயின் காம்பு பகுதி முழுவதும் குழந்தையின் வாயினுள் செல்ல வேண்டும்
- பால் குடிக்கும்போது குழந்தையின் கழுத்து மற்றும் தலை பகுதியை நன்றாக பிடிக்க வேண்டும்.
- குழந்தையின் வயிற்று பகுதி தாயின்' வயிற்று பகுதியுடன இணைந்து இருக்க வேண்டும்.



Good (left) and poor (right) attachment of infant to the mother's breast



Good (left) and poor (right) attachment - cross sectional view of the breast and baby

தவிர்க்கவேண்டியவை:

- காசநோய் இருதய நோய் தொழுநோய் எச்.ஐ.வி மனநோய் உள்ளவர்கள் தாய் பால் கொடுக்க வேண்டாம்.

ANNEXURE – H

PHOTOGRAPHS TAKEN DURING THE STUDY